**REGISTER OF AUTHORISED SIGNATORIES**

Please use this form to register all the people in your organisation who wish to be authorised to issue red vouchers or emergency food boxes.

**Organisation:**

**Address:**

**Postcode:**

**Name of key contact:**

**Telephone number:**

**Email address:**

|  |  |  |
| --- | --- | --- |
|  **Full Name (incl. title)** | **Specimen Signature** | **Position/Role** |
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# I confirm that the above people have attended the foodbank’s induction and/or been briefed directly by the foodbank.

# Signed: Position: Date:

# *Once completed, please return this form to:*

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| --- |
| **Dream centre****Ballee Drive****Ballee****Ballymena** **BT42 3EX** |
| **Ballyloughan Church** **Doury Road****Ballymena****BT43 6JE** |