

CBDiBusiness permission setup & training authorization form

I/we authorize the below individual/s to collect security tokens and attend the training for CBDiBusiness who are also responsible for permission and approval workflow settings as per our company signatory structures using the system administrator id.

Name (1) <hr/> Contact details <hr/> <hr/> ID Type & Number _____ <hr/> Signature _____	Name (2) <hr/> Contact details <hr/> <hr/> ID Type & Number _____ <hr/> Signature _____
--------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

Authorized Signatories of the company

Name _____ <hr/> Title _____ <hr/> <hr/> Signature _____	Name _____ <hr/> Title _____ <hr/> <hr/> Signature _____
----------------------------------------------------------------	----------------------------------------------------------------

Company Stamp