

**Details of Management Personnel required to be accepted as specified in Part -**

**1. Name:**

**2. Position:**

**3. Qualifications relevant to the item (2) position:**

**4. Work experience relevant to the item (2) position:**

**Signature:** ..... **Date:**

**On completion, please send this form under confidential cover to the competent authority.**

**Competent authority use only**

**Name and signature of authorised competent authority staff member accepting this person:**

**Signature:** ..... **Date:**

**Name:** ..... **Office:**