

Please complete using Block **CAPITALS**

**Datá:** \_\_\_\_\_

**Club Name:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Number of Applications enclosed for checking:** \_\_\_\_\_

I \_\_\_\_\_ (Insert Name), confirm that:

- All enclosed applications have been fully completed
- The identity documentation provided is in line with the requirements of AccessNI
- Each application has the appropriate individual identity documentation copies attached
- The identity documentation per application belongs to the said individual

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**Sinthe (Nominated Officer):** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_