

To: ELPIS GROUP LTD — 11650573

Your name:

Your email address:

Your phone number:

Date:

LETTER OF AUTHORISATION TO ACT ON COMPANY BEHALF

I,

(Applicant's full name — this should be a senior person within the Company)

(Applicant's position within the Company)

Of

(Company's name)

CHECKLIST (please tick)

I confirm that:

I have followed these steps before submitting this form:

1. Read, understood, and agreed to the **Privacy Policy**
2. Read, understood, and agreed to the **Featured Media Policy**
3. Read, understood, and agreed to the **Terms & Conditions**

I am legally authorised to act on behalf of my Company to make this application.

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(Signature of applicant)