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# Additional administrator details

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| **Version 1.1**This form must be used when requesting additional administrators for the organisation and returned to:Service Access TeamPO Box 650Southfield HouseSouthfield WayDurhamDH1 9LRDX 313201 Durham 24If you need guidance to complete your application, pleaseemail: customersupport@mail.landregistry.gov.uk or call 0300 006 0411**Administrator details**The role of an administrator is to administer system access for the individual users of each organisation. Administrators will also be provided with permissions that enable them to manage the accounts of the organisation. **There is no limit on the number of administrators an organisation can have.** |  | Fields marked ‘\*’ are mandatory.Your organisation details\*Name      Administrator details1. \*Title *(Please place an ‘X’ in the appropriate box)*[ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms[ ]  Other (please specify)

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| \*First name       |
| Middle name(s)       |
| \*Family name [block letters]       |
| \*Address       |
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| Postcode       |
| DX address       |
| \*Email       |
| \*Telephone number *(Please complete at least one option)*Landline      *t)* Landline       |
| Mobile       |

**\*Delivery method of security credentials** *(Please place an ‘X’ in the appropriate box)*[ ]  Postal [ ]  Electronic |
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|  |  | 2. \*Title *(Please place an ‘X’ in the appropriate box)*[ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms[ ]  Other (please specify)

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| \*First name       |
| Middle name(s)       |
| \*Family name [block letters]       |
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| Mobile       |

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| . |  | 3. \*Title *(Please place an ‘X’ in the appropriate box)*[ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms[ ]  Other (please specify)

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| \*First name       |
| Middle name(s)       |
| \*Family name [block letters]       |
| \*Address       |
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| DX address       |
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| \*Telephone number *(Please complete at least one option)* Landline       |
| Mobile       |

**\*Delivery method of security credentials** *(Please place an ‘X’ in the appropriate box*)[ ]  Postal [ ]  Electronic |
|  |
|  |  | 4. \*Title *(Please place an ‘X’ in the appropriate box)*[ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Witheld[ ]  Other (please specify)

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| \*First name       |
| Middle name(s)       |
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| \*Telephone number *(Please complete at least one option)* Landline       |
| Mobile       |

**\*Delivery method of security credentials** *(Please place an ‘X’ in the appropriate box*)[ ]  Postal [ ]  Electronic |
|  |  |  |
| This form must be signed and dated on behalf of the organisation by the responsible person or a deputy responsible person. |  | \* Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Print name      \*Date       |