# Notice of Change of Authorised Signatories

Name of Society:

Registration Number:

## Authorised Signatories

1. Mr/Mrs/Miss/Other\* (delete as appropriate)

Name (in BLOCK CAPITALS):

Signature:      \*(Not to include the Promoter)

Address:

Telephone Number:

Email Address:

1. Mr/Mrs/Miss/Other\* (delete as appropriate)

Name (in BLOCK CAPITALS):

Signature:      \*(Not to include the Promoter)

Address:

Telephone Number:

Email Address:

being members of the Society and persons of full age, to certify the returns made by the Promoter.

## Promoter

Mr/Mrs/Miss/Other\* (delete as appropriate)

Name (in BLOCK CAPITALS):

Signature:

Address:

Telephone Number:

Email Address:

## How we use your personal information

The information that you have provided on this form will be used by Stafford Borough Council, who are the data controller, for the processing of your application and providing you with a licence. We will only share your information with / or on The Public Register, The Home Office, other Government agencies, Council departments and Enforcement agencies and the National Fraud Initiative when necessary or where the law otherwise requires or allows us to do so. For further information, please see [www.staffordbc.gov.uk/privacynotices](http://www.staffordbc.gov.uk/privacynotices)

**Please return to:**

Licensing Team, Civic Centre, Riverside, Stafford, ST16 3AQ