PIP USER MANDATE
FACILITY LEVEL ACCESS

Instructions:

1. Please complete and sign the form.
2. All sections with an * must be completed.
3. If you would like to update an existing user's information fill out section A.
4. If you would like to register a new user please fill out section B.

TRN (must match form 3):*		**Legal Name (must match form 3):***	
Service Address (must match form 3):*		**Business Name (must match form 3):***	
Primary Authorised User Email (must match forms 3 and 4):*		**Primary Authorised User Phone Number (must match form 3):***	

Section A:

I confirm that this is in relation to an existing user: Yes ☐

Please indicate what action you would like Pobal to take:

Delete an existing user ☐   Other *(please specify in comments)* ☐

DCYA Ref*	Service Name	First Name and Last Name	Email Address	Comments

Section B:

I confirm that this is in relation to a new user: Yes ☐

Please note that login details will be sent to the email address provided. If your service has more than one user, each user must have a unique email address accessible only to them.

Add a new user to a service ☐

DCYA Ref*	Service Name	First Name and Last Name	Email Address	Job title

I confirm that I am the Primary/Secondary Authorised User for my organisation and I understand that in signing this mandate, I am authorising the person/s named above to access the PIP system on behalf of my organisation for the facilities named above. I understand that changes to PIP Usernames will result in a new PIP password being automatically generated.

Primary Authorised User Name:	
Position (must match forms 3 and 4):	
Signature:	
Date:	