



CSAS e-Bulk Exit Form

Full Name of User (capitals):

Role (please tick relevant box below):

- Master Disclosure Manager
- Disclosure Manager
- ID Verifier

Other (please state)

Organisation:

Master Disclosure Manager:

MDM Signature:

Date:

Comments:
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CSAS will retain this form for the revocation of Master Disclosure Managers.
Master Disclosure Managers should retain this form for Disclosure Managers and ID Verifiers for their organisation, to be made available for the purpose of audit.