



## CHANGE OF INSTITUTIONAL CONTACTS

Please complete any changes to details of institutional contacts.

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Postcode \_\_\_\_\_

**New Representative** (please tick one)

**Site Representative**  
(Primary contact for registration and enquiries)

**Local Subject Expert**  
(For assistance with Geographic data)

**Local Technical Contact**  
(For assistance with computing and printing)

**Responsible Officer for Data Security**

**Deputy Responsible Officer for Data Security**

Surname \_\_\_\_\_ Forename \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Address \_\_\_\_\_

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Who have you replaced (if anyone)? \_\_\_\_\_ Position \_\_\_\_\_

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(Primary contact for registration and enquiries)

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Department \_\_\_\_\_ Address \_\_\_\_\_

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Who have you replaced (if anyone)? \_\_\_\_\_ Position \_\_\_\_\_

Please return this form to EDINA:  
EDINA, Causewayside House, 160 Causewayside, Edinburgh, EH9 1PR