

# DIACC

The Digital ID and Authentication Council of Canada  
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By: \_\_\_\_\_  
(Signature)

Date (the “Effective Date”): \_\_\_\_\_

Name: \_\_\_\_\_  
(I have authority to bind the Organization listed below, if any)

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_