DOCUMENT EXECUTION FORM

Document title			
Name of TEG entity			
Counterparty	Full Legal Entity Name:		
	ABN / ACN:		
Signatory 1 (e.g. *Director*) *pls check document signature block	Name:	Role:	
	Email:		
Signatory 2 (e.g. *Secretary* or *Witness*) *pls check document signature block	Name:	Role:	
	Email:		
Any special signing instructions?			
Contract Value?		**Contract Term?**	
Summary of other key terms			
Budgeted?	☐	**GLM Approved? (if applicable)**	☐
Issues noted by Document Owner	**Description of issues**		**Outcome**
Key dates for Document Owner to diarise (e.g. expiry; renewal)			
CFO's Comments			

Approvals must be obtained (in the order set out below) before sending to contracts@teg.com.au

STEP	TEAM	APPROVER NAME	ADOBE SIGNATURE (*please include full name and date)
1.	Document Owner		
2.	Commercial/MD		
3.	Finance		
4.	Legal		
5.	CFO (if required)		

****PLEASE CHECK THE INTRANET FOR DETAILED INSTRUCTIONS****