

COMMENTS FORM



Full Name:	NIRI ID:
Address:	City, State, Zip Code:
Phone:	Email:

STATEMENT

This statement should include, but is not limited to, the nature of the issues surrounding the comment, the facts, supporting items if available, and any suggestions or recommendations (use additional pages if needed).

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Signature Date

FOR OFFICE USE ONLY	
Received by	Date
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Action Taken	Date
Comments	

Please print and email this form to certification@niri.org or mail it to:

NIRI - Investor Relations Charter
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