

Date:

Member Name: <input style="width: 100%;" type="text"/>			Member No. <input style="width: 100%;" type="text"/>									
Account Number(s)	S	<input style="width: 90%;" type="text"/>	S	<input style="width: 90%;" type="text"/>	S	<input style="width: 90%;" type="text"/>	S	<input style="width: 90%;" type="text"/>	S	<input style="width: 90%;" type="text"/>	S	<input style="width: 90%;" type="text"/>
1) Body Corporate's Authorisation of Verifying Officer												
The Board of Directors or Governing Committee of the company/body corporate resolved that:												
1. the Below listed be appointed the company's/body corporate's verifying officer for the purposes of the AML/CTF Rules;												
2. the verifying officer be authorised, on the company's/ body corporate's behalf, to:												
identity to the Credit Union each of the company's/body corporate's agents authorised to act as signatories to the company's body corporate's accounts with the Credit Union, including changes to the agents authorised from time to time after the date of this letter.												
3. where there are 2 or more signatories, the account signing authority will be as follows:												
<input type="checkbox"/> Any One to Sign				<input type="checkbox"/> Any Two to Sign				<input type="checkbox"/> All parties to Sign				
I confirm that this is a true copy of the resolution.												
Yours faithfully												
..... Chairman					 Please print name						
2) Verifying Officer Details (this information is required by the AML/CTF Rules)												
Title <input style="width: 100%;" type="text"/>			Date of Birth <input style="width: 100%;" type="text"/>									
Surname <input style="width: 100%;" type="text"/>			Given Names <input style="width: 100%;" type="text"/>									
Residential Address: <input style="width: 100%;" type="text"/>												
Post Code <input style="width: 100%;" type="text"/>												
Specimen Signature: <input style="width: 100%;" type="text"/>												

I have been authorised above by the company/body corporate to advise Community First Credit Union from time to time who are the member's agents to act as signatories to the company's accounts.

In accordance with that authority, I advise that the signatories are as set out below.

I confirm that I have collected information about the signatories which the company will retain in the form of a copy of this letter: I also confirm that I have received evidence of the authorisation of the persons named below to act as signatories, and that the company will retain a record of that evidence.

- This authority:
- cancels all existing authorities; and
 - takes effect from the date received by Community First.

3) Signatory details

Signatory 1				Signatory 2			
Title				Title			
Surname				Surname			
Given Names				Given Names			
Membership No (if a member):				Membership No (if a member):			
Home Ph.		Daytime Ph.		Home Ph.		Daytime Ph.	
Mobile Ph.		Date of Birth		Mobile Ph.		Date of Birth	
Residential Address				Residential Address			
	Postcode				Postcode		
Is this person	A beneficial owner <input type="checkbox"/>	A director <input type="checkbox"/>	A signatory <input type="checkbox"/>	Is this person	A beneficial owner <input type="checkbox"/>	A director <input type="checkbox"/>	A signatory <input type="checkbox"/>
Specimen Signature if a signatory:				Specimen Signature if a signatory:			

Signatory 3				Signatory 4			
Title				Title			
Surname				Surname			
Given Names				Given Names			
Membership No (if a member):				Membership No (if a member):			
Home Ph.		Daytime Ph.		Home Ph.		Daytime Ph.	
Mobile Ph.		Date of Birth		Mobile Ph.		Date of Birth	
Residential Address				Residential Address			
	Postcode				Postcode		
Is this person	A beneficial owner <input type="checkbox"/>	A director <input type="checkbox"/>	A signatory <input type="checkbox"/>	Is this person	A beneficial owner <input type="checkbox"/>	A director <input type="checkbox"/>	A signatory <input type="checkbox"/>
Specimen Signature if a signatory:				Specimen Signature if a signatory:			

.....
Signature of Verifying Officer

Note: We will return a copy of this form to you which you must keep as part of your company's/body corporate's corporate records.

Office Use Only

<input type="checkbox"/> Return a copy of this form to the Verifying Officer
For Verifying Officer: Customer Identification Procedure – Individual carried out & document(s) produced & recorded.