



ABN 12 087 650 762

Date:

Entity's Name	<input type="text"/>	Account Number	<input type="text"/>
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Please replace all existing signatories with the new signatories specified below:

**Person 1**

Title	<input type="text"/>	Home Phone:	<input type="text"/>
Surname	<input type="text"/>	Daytime Phone:	<input type="text"/>
Given Names	<input type="text"/>	Mobile Phone:	<input type="text"/>
Membership No (if a member):	<input type="text"/>	Date of Birth	<input type="text"/>
Residential Address:	<input type="text"/>		
	Post Code		
Signature:	<input type="text"/>		

**Person 2**

Title	<input type="text"/>	Home Phone:	<input type="text"/>
Surname	<input type="text"/>	Daytime Phone:	<input type="text"/>
Given Names	<input type="text"/>	Mobile Phone:	<input type="text"/>
Membership No (if a member):	<input type="text"/>	Date of Birth	<input type="text"/>
Residential Address:	<input type="text"/>		
	Post Code		
Signature:	<input type="text"/>		

**Person 3**

Title	<input type="text"/>	Home Phone:	<input type="text"/>
Surname	<input type="text"/>	Daytime Phone:	<input type="text"/>
Given Names	<input type="text"/>	Mobile Phone:	<input type="text"/>
Membership No (if a member):	<input type="text"/>	Date of Birth	<input type="text"/>
Residential Address:	<input type="text"/>		
	Post Code		
Signature:	<input type="text"/>		

**Person 4**

<b>Title</b>	<input type="text"/>	<b>Home Phone:</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>	<b>Daytime Phone:</b>	<input type="text"/>
<b>Given Names</b>	<input type="text"/>	<b>Mobile Phone:</b>	<input type="text"/>
<b>Membership No (if a member):</b>	<input type="text"/>	<b>Date of Birth</b>	<input type="text"/>
<b>Residential Address:</b>	<input type="text"/>		
	<input type="text"/>		
	<b>Post Code</b>		
<b>Signature:</b>	<input type="text"/>		

<b>&gt; Unincorporated Association Signatories</b>
<p>I/We the signatory(ies) named above indemnify the Credit Union for the amount by which the account is overdrawn.</p>
<b>&gt; Entity's Authorisation of New Signatories</b>
<p>The Board of Directors of the company or the Committee of the unincorporated association resolved that:</p> <ol style="list-style-type: none"> <li>1. the person(s) specified as signatories be authorised to sign on the company member's behalf on any of the company's accounts with the Credit Union.</li> <li>2. where there are 2 or more signatories, the account signing authority will be as follows:</li> </ol> <p> <input type="checkbox"/> <b>Any One to Sign</b>                                  <input type="checkbox"/> <b>Any Two to Sign</b>                                  <input type="checkbox"/> <b>All parties to Sign</b> </p> <p>I confirm that this is a true copy of the resolution.</p> <p>Yours faithfully</p> <p>.....</p> <p>Chairman</p> <p>.....</p> <p>Please print name</p>

**Office Use Only:**

<b>Record of Identification Procedures for signatories who are not members</b>	
<input type="checkbox"/> <b>For Signatory 1:</b> Customer Identification Procedure – Individual carried out and document(s) produced were: ..... ..... .....	<input type="checkbox"/> <b>For Signatory 2:</b> Customer Identification Procedure – Individual carried out and document(s) produced were: ..... ..... .....
<input type="checkbox"/> <b>For Signatory 3:</b> Customer Identification Procedure – Individual carried out and document(s) produced were: ..... ..... .....	<input type="checkbox"/> <b>For Signatory 4:</b> Customer Identification Procedure – Individual carried out and document(s) produced were: ..... ..... .....