

Authorised Signatories Form – Non-Individual

Churches of Christ Foundation (the Foundation)

Name of entity: <i>(Investment holder)</i>	
ACN/ABN:	

Signing arrangements

Please indicate:	Any one authorised signatory; Any two authorised signatories; Other, as specified here:
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Email instructions

Authorisations/instructions can be received by email: <i>Please note: only instructions from the registered email address on file for the signatory will be accepted. Shared email addresses are not to be used. In some instances, we may require signed instructions. Receipt of the email will be acknowledged.</i>	Yes	No
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Authorised persons

List all who are authorised signatories for the investment holder here:

1. Full legal name:			
Position title:		Primary contact:	Yes No
2. Full legal name:			
Position title:		Primary contact:	Yes No
3. Full legal name:			
Position title:		Primary contact:	Yes No
4. Full legal name:			
Position title:		Primary contact:	Yes No
5. Full legal name:			
Position title:		Primary contact:	Yes No

Linked bank account *(must be in the investment holder's name)*

Link the Foundation investment/s to the external financial institution savings or cheque bank account below:

For **credits and/or withdrawals**, from and to the bank account on the Direct Debit Request Form:

Enclosed Already provided: account ending

For **withdrawals only**, from the Foundation investment/s to the bank account below:

Account holder's name:		Financial Institution:	
BSB Number:		Account Number:	

For transactions: to and/or from the linked bank account only and/or between Foundation investments for this entity , one authorised signatory has authority to provide instructions on their own:	Yes
	No

Documents required

- All authorised signatories, one for each signatory:
 - Additional Party Identification Form and
 - original clear **certified copy** of identification document: Driver's Licence *(front and back)* or Passport – posted to Churches of Christ Foundation.
- Signed minutes or extract of the minutes stating the authorised signatories and the signing arrangements in confirmation of this instruction, signed by the Chairperson or equivalent.

Instruction confirmation and authority

Signed by *two authorised signatories in confirmation of this instruction:

**If this form is replacing the existing arrangement, this section is to be signed as per the existing instruction on file at the Foundation. (Signatures will be verified.)*

	<i>Authorised signatory (A)</i>	<i>Authorised signatory (B)</i>
Signature:		
Full legal name:		
Position:		
Date:		

Email: this form and Minutes to: Foundation@cofcqld.com.au

Post to: Churches of Christ Foundation, Reply Paid 469, Kenmore QLD 4069 - original clear certified copies of Identification document/s and Additional Party Identification form/s.

Web: www.cofc.com.au/Foundation

Phone: (07) 3327 1628 / 1300 659 644

- Kindly note:** this instruction will only be accepted and actioned, once it is completed to the satisfaction of the Foundation and all supporting documents that fulfil the requirements have been received.