

Authorised Signatories Form – Non-Individual

Churches of Christ Foundation (the Foundation)

The persons whose names and specimen signatures are shown below are authorised signatories for:			
Name of entity: <i>(Investment holder)</i>			
ABN:			
Signing arrangements			
Please indicate:		Any one authorised signatory; Any two authorised signatories; Other, as specified here:	
Email instructions			
Authorisations/instructions can be received by email: <i>Please note: generic email addresses are not to be used and only instructions from the email address on file for the signatory will be accepted. Receipt of the email will be acknowledged.</i>			Yes No
Authorised persons			
List all who are authorised signatories below:			
1. Authorised signatory			
Position title:			
Full name:			
Residential address:			
Date of birth:		Mobile:	
Email:			
Specimen signature:			
2. Authorised signatory			
Position title:			
Full name:			
Residential address:			

Date of birth:		Mobile:	
Email:			
Specimen signature:			
3. Authorised signatory			
Position title:			
Full name:			
Residential address:			
Date of birth:		Mobile:	
Email:			
Specimen signature:			
4. Authorised signatory			
Position title:			
Full name:			
Residential address:			
Date of birth:		Mobile:	
Email:			
Specimen signature:			
5. Authorised signatory			
Position title:			
Full name:			
Residential address:			
Date of birth:		Mobile:	
Email:			
Specimen signature:			

Linked bank account

(must be in the investment holder/s' name)

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

For **credits and withdrawals**, from and to the bank account on the Direct Debit Request Form *(enclosed)*

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, one authorised signatory has authority to provide instructions on their own:			Yes No

Documents required

Tick when completed:

all authorised signatories – Original clear certified copy of identification document enclosed: Driver's Licence *(front and back)* or passport *(unless already provided to the Foundation)*

signed minutes or extract of the minutes stating the authorised signatories and the signing arrangements enclosed.

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. This may be the outgoing signatories. (Signatures will be verified before this instruction is accepted.)*

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

Email: Foundation@cofcqld.com.au

Web: www.cofc.com.au/Foundation

Phone: (07) 3327 1628 1300 659 644

Mail: Reply Paid 469, Kenmore QLD 4069

Authorised Signatories Form – Non-Individual – Version 2.0 as at 04/05/22

All funds derived from activities of Churches of Christ Foundation are used for wider work of Churches of Christ in Queensland (ABN: 28 953 930 342) and its constituted Churches

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