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The persons whose names and specimen signatures are shown below are authorised signatories for:

(Name of Entity)

Please indicate the signing arrangements

- Any one authorised signatory
- Any two authorised signatories
- Other, as specified here:

Optional - Linked account information

Transactions to and/or from the linked account only, one authorised signatory has authority:	Yes	No
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For **credits and withdrawals**, from and to the account on the Direct Debit Request Form (*enclosed*)

Or

For **withdrawals only**, from this entity's CDF investment/s to the account nominated below:

Name of Account:		BSB number:	
Financial Institution:		Account number:	

Authorisations 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. CDF will acknowledge receipt of email and confirm date of transfer.</i>	Yes	No
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Please list all who are authorised signatories below

1. Full name:		Date of birth:	
Residential address:			
Daytime phone:		Position:	
Email:			
Specimen signature:			

2. Full name:		Date of birth:	
Residential address:			
Daytime phone:		Position:	
Email:			
Specimen signature:			

3. Full name:		Date of birth:	
Residential address:			
Daytime phone:		Position:	
Email:			
Specimen signature:			

4. Full name:		Date of birth:	
Residential address:			
Daytime phone:		Position:	
Email:			
Specimen signature:			

5. Full name:		Date of birth:	
Residential address:			
Daytime phone:		Position:	
Email:			
Specimen signature:			

6. Full name:		Date of birth:	
Residential address:			
Daytime phone:		Position:	
Email:			
Specimen signature:			

Clear 'certified' copies of documents are enclosed with this form

All authorised signatories - Driver's Licence front and back or passport (*unless already provided to CDF*)

Minutes or Extract of the Minutes stating the authorised signatories and the signing arrangements.

Please complete to confirm instruction

Signed by *two authorised signatories in confirmation of this instruction. **If change to existing arrangements, this section is to be signed as per the existing instructions on file at CDF. (Signatures will be verified before this instruction is accepted.)*

1. Full name:			
Position:			
Signature:		Date:	

2. Full name:			
Position:			
Signature:		Date:	