

Please give the person named below (**the Signatory**) access to operate the transactional, savings or deposit accounts specified below or, in the case of a joint account, that account only, to do the following:

- carry out withdrawals on the account, for any purpose, including signing cheques;
- make enquiries about account balances and transactions on the account, including any debit balance or available credit on a transactional account.

The Signatory does **NOT** have authority to:

- change any of the signatory authorisations on the account;
- give a 3rd party access or authority to operate on the account;
- make enquiries about loan account balances or available credit on a loan account (except for transactional accounts)
- change contact details, including the mailing address for statements, or close the account.

>	This authority cancels all existing authorities I/we have given you
>	I/We are responsible for all the Signatory's transactions

>	ACCOUNT DETAILS
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S1	S2	S		S		S		S		S	
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>	ACCOUNTHOLDER DETAILS
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For joint accounts, all parties to the account are to provide their particulars and sign below

(1) Surname	<input type="text"/>	(2) Surname	<input type="text"/>
First Name	<input type="text"/>	First Name	<input type="text"/>
Membership No:	<input type="text"/>	Membership No:	<input type="text"/>
Sign	<input type="text"/>	Sign	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

(3) Surname	<input type="text"/>	(4) Surname	<input type="text"/>
First Name	<input type="text"/>	First Name	<input type="text"/>
Membership No:	<input type="text"/>	Membership No:	<input type="text"/>
Sign	<input type="text"/>	Sign	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

>	SIGNATORY DETAILS
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1st Signatory's Details:

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	<input type="text"/>
1 st Signatory's Specimen Signature:	<input type="text"/>		

2nd Signatory's Details:			
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 <input type="text"/>
2 nd Signatory's Specimen Signature:		<input type="text"/>	
3rd Signatory's Details:			
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 <input type="text"/>
3 rd Signatory's Specimen Signature:		<input type="text"/>	
<input type="checkbox"/> ACCOUNT SIGNING AUTHORITY			
Method of Operation for 2 or more Signatories:		<input type="checkbox"/> Any One to Sign <input type="checkbox"/> Any Two to Sign <input type="checkbox"/> All parties to Sign	

Office Use Only:

Cheque Account Specimen Signature form signed

Record of Identification Procedures for Signatories who are not Members

<input type="checkbox"/> For Signatory 1: Customer Identification Procedure – Individual carried out and document(s) produced were:	<input type="checkbox"/> For Signatory 2: Customer Identification Procedure – Individual carried out and document(s) produced were:
<input type="checkbox"/> For Signatory 3: Customer Identification Procedure – Individual carried out and document(s) produced were:	<input type="checkbox"/> For Signatory 4: Customer Identification Procedure – Individual carried out and document(s) produced were: