

Mandate Control Panel Authority Form

Please use this form to authorise the change of authorised signatories, Call Back Contacts and/or to replace the Signing Rules in a Group Schedule Mandate. In this form "Group" refers to the entity to which the Group Schedule Mandate relates and all related accounts, entities, divisions and departments referred to in that mandate and the schedules to that mandate.

Each individual will have important responsibilities and must be chosen carefully.

The Resolution in section 3 needs to be passed.

Please note – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do not use the return or enter keys.

The individual signing the Certificate in section 5 must initial all corrections.

1. Group Schedule Mandate Details	
1.1 Group name in full	
2. Application to accounts	
Enter the number of accounts detailed in the Group Schedule Mandate	
3. Authority/Resolution	
It was resolved that:	

- The signing rules in the current mandate, for the accounts detailed in the Group Schedule Mandate, be replaced in accordance with the Signing Rules set out in the replacement Schedule of Signatories and Signing Rules(attached); and/or
- · The Call Back Contacts (where applicable) in the current mandate, for the accounts detailed in the Group Schedule Mandate, be replaced in accordance with the Call Back Contact Listings set out in the replacement Schedule of Signatories and Signing Rules (attached); and/or
- · The authorised signatories in the current mandate, for the accounts detailed in the Group Schedule Mandate be changed in accordance with the Signatory Listings set out in the replacement Schedule of Signatories and Signing Rules (attached). The specimen signatures for any new authorised signatories are set out in Section 4 below, and the current mandate will continue as amended.

4. Add an authorised signatory for the accounts detailed in the Group Schedule Mandate Your Information - Giving your consent

By signing below you agree that the Bank may:

- obtain information about you from credit reference agencies to verify your identity.
- obtain information about you from fraud prevention agencies.
- pass your details to fraud prevention agencies, if false or inaccurate information is provided and fraud is suspected.
- share your information with Government agencies and third parties in order we can verify your status and comply with our regulatory obligations

	Print full name
	Official position(e.g. Director)
Specimen signature (please sign within the box)	¬ Print full name
	Official position

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	Print full name	
	(e.g. Director)	

5. Certificate

I certify that:

The Authority/Resolution set out in section 3 was passed by and are signed on behalf of the members of the Mandate Control Panel authorised to pass these resolutions in accordance with their constitutional documents (or the equivalent documents).

In respect of this mandate and the authorised signatories page(s):

- all the signatures are genuine;
- · the information given is correct; and
- · I have initialled all corrections.

Signed by:	
The Mandate Control Panel	
	Print first name
	Print surname
	Official position
	Date (DD/MM/YYYY)
	Print first name
	Print surname
	Official position
	Date (DD/MM/YYYY)