



## **S.N.U. TRUST CHANGE OF SIGNATORIES FORM**

**PLEASE ENTER DETAILS OF ANY SIGNATORIES TO BE REMOVED OR  
ADDED, AND PROVIDE 2 SIGNATURES AT THE BOTTOM OF PAGE 1**

**THANK YOU**

**CHANGES TO AUTHORISED SIGNATORIES**

*Please enter Name & Address of Church,  
DC, SNU Fund or Trust*

.....  
.....  
.....  
.....

*Please print clearly.  
If your address has changed within the  
last 3 years, please provide your previous  
address on the back page of this form.  
Thank you.*

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**AUTHORISED SIGNATORIES TO BE REMOVED**

Title:..... Full Name: .....

Address: .....

..... Post Code .....

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Title:..... Full Name: .....

Address: .....

..... Post Code .....

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Title:..... Full Name: .....

Address: .....

..... Post Code .....

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**This form must be signed by two Officers of the Church/Organisation:**  
*We certify that, to the best of our knowledge, all the details provided on these pages are correct*

Signature: ..... Date: .....

Signature: ..... Date: .....

**AUTHORISED SIGNATORIES TO BE ADDED**

**We would like to draw your attention to SNU Church Rule 22 (3)(b)**

*'No person may be appointed as a signatory to an account if he is a spouse, civil partner, close relative, business or personal partner or employee of any other signatory to that account.'*

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**Title:**..... **First Name:** ..... **Surname:** .....

**Date of Birth** ..... **Male**  **Female**   
*(Please note: Failure to provide your date of birth will result in this form being returned to you)*

**Address:** .....

..... **Post Code** .....

**Home Tel:** ..... **Mobile:** .....

**Email:** .....

**Signature:** .....

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**Title:**..... **First Name:** ..... **Surname:** .....

**Date of Birth** ..... **Male**  **Female**   
*(Please note: Failure to provide your date of birth will result in this form being returned to you)*

**Address:** .....

..... **Post Code** .....

**Home Tel:** ..... **Mobile:** .....

**Email:** .....

**Signature:** .....

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**Title:**..... **First Name:** ..... **Surname:** .....

**Date of Birth** ..... **Male**  **Female**   
*(Please note: Failure to provide your date of birth will result in this form being returned to you)*

**Address:** .....

..... **Post Code** .....

**Home Tel:** ..... **Mobile:** .....

**Email:** .....

**Signature:** .....

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***If your address has changed in the last three years,  
please enter your previous address below:***

Name: .....
Previous Address: .....
.....
..... Post Code: .....

  

Name: .....
Previous Address: .....
.....
..... Post Code: .....

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**Verification of Identity**

As a Financial Services Provider, the SNU Trust is required by law to verify the identity of the persons who have signed this form. The Trust would like to make you aware that they will be performing identity checks via a secure on-line facility. Thank you for your co-operation.

***For Office Use Only***

SSheet	<input type="checkbox"/>	.....	Date .....
ID	<input type="checkbox"/>	.....	Date .....
DB	<input type="checkbox"/>	.....	Date .....
Scan	<input type="checkbox"/>	.....	Date .....