

S.N.U. TRUST MEMBER

(Name & address of Church, DC, SNU Fund or Trust)

Camberwick Church
Camberwick Green
Northants
NN1 1NN

In order for us to keep accurate records, this mandate must be filled in each year. Please print clearly and complete all sections. If your address has changed within the last 3 years, please provide your previous address on the back page of this form. Thank you for your cooperation.

TREASURER (all communication will be conducted through the Treasurer)

Title: Mrs First Name: Janet Surname: Gardener

Date of Birth 01/02/1958 Male Female (Please note: Failure to provide your date of birth will result in this form being returned to you)

Address: 21, Sycamore Avenue, Anytown Post Code NN2 6S

Home Tel: 01311 725432 Mobile:

Email: jg421@anytown.com

I am happy to receive communications via email where possible (Please tick to help us keep our postal costs down)

Are you a signatory on this account? Yes If yes, there is no need to fill in your details on the opposite page

Signature: J. Gardener

SNU TRUST REP (, different from above)

Title: Mr First Name: James Surname: Barnett

Date of Birth 10/04/1960 Male Female (Please note: Failure to provide your date of birth will result in this form being returned to you)

Address: 40, Ambleside, Anytown Post Code NN1 9PW

Home Tel: 01311 725432 Mobile:

Email: jchris@anytown.com

Are you a signatory on this account? Yes No If yes, there is no need to fill in your details on the opposite page

Signature: Jim Barnett

This Mandate 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: Lynne Sargent Date: 14/04/15 Signature: Gary Bowworth Date: 14/04/15

AUTHORISED SIGNATORIES

We recommend 3 Authorised Signatories. All transactions will require any two signatures. It is the responsibility of the SNU Trust Member to ensure that these records are kept up to date.

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.'

Title: *Miss* First Name: *Joanne* Surname: *Farley*
Date of Birth *15/08/72* Male Female
(Please note: Failure to provide your date of birth will result in this form being returned to you)
Address: *Boxwood House, Anystreet,*
Anytown Post Code *PN2 4NS*
Home Tel: Mobile: *22217900421*
Email: *jofar@anytown.co.uk*
Signature: *Jo Farley*

Title: *Mr* First Name: *Jonathan* Surname: *Johnson*
Date of Birth *19/01/1948* Male Female
(Please note: Failure to provide your date of birth will result in this form being returned to you)
Address: *15 Fortune Cottages, Anystreet,*
Anytown Code *1FT*
Home Tel: *07171 423070*
Email: *jon@anytown.co.uk*
Signature: *Jonathan Johnson*

Title: *Mrs* First Name: *Linda* Surname: *Boswell*
Date of Birth *27/11/50* Male Female
(Please note: Failure to provide your date of birth will result in this form being returned to you)
Address: *22 Chestnut Lane, Anytown*
Post Code *MB4 2NK*
Home Tel: *02217 757689* Mobile: *07112 265432*
Email:
Signature: *Linda Boswell*

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: