



**S.N.U. TRUST ACCOUNT
MANDATE 2018**

PLEASE COMPLETE ALL SECTIONS AND ENSURE THAT
2 SIGNATURES ARE PROVIDED AT THE BOTTOM OF PAGE

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PLEASE RETURN THIS FORM BY 30TH APRIL 2018

S.N.U. TRUST MEMBER

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

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

In order for us to keep accurate records, this mandate must be filled in each year. 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.

AUTHORISED SIGNATORIES
We would like to draw your attention to SNU Church Rule 22 (3)(b)
'The signatories to any account must be the Treasurer and any two other members of the Committee, with any two to sign. 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.'

TREASURER (MUST BE A SIGNATORY)
(all communication will be conducted through the Treasurer)

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:

I am happy to receive communications via email where possible

(Please tick to help us keep our postal costs down)

Signature:

SNU TRUST REP (IF DIFFERENT FROM ABOVE)

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:

I am a Signatory on this account (please tick) YES NO

Signature:

AUTHORISED SIGNATORIES

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:

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:

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.
We understand that it is the responsibility of the SNU Trust Member Church to keep these records up to date.*

Signature: **Date:**

Signature: **Date:**

***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:

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