Use this form to remove and/or add new signatories



# Change of signatory form

#### **!** Important information

### Please read before completing this form.

Accounts must be operated by at least two authorised signatories.

Please call our Client Services Team on freephone **0800 022 3505** if you have any questions about this form or would like to discuss any additional support needs. Please note that telephone calls are recorded. If being completed by hand, please use black ink and write in BLOCK CAPITALS.

All pages of this form should be returned to **CCLA**, **PO Box 12892**, **Dunmow**, **Essex CM6 9DL**. Alternatively, a PDF version of the form can be sent to **cclaclientservices@fnztaservices.com** if an email instructions authority is in place.

If you are sending your instruction by email, please do not send the original documentation in the post and do not resend the email and/or the attachment.

· ·	4	A 1				
Section	1	About	your	organ	1sa	tıon

Date (dd/mm/yyyy)

1.	.1	Your	ora	anisa	tion's	name

#### **1.2** Account number(s)

Please list all CCLA account numbers to which this change applies and use a separate sheet if required.

## Section 2 Removal of authorised signatories

2.1	Title	Forename
	Middle name	Surname
	If applicable, please tick this box if the person is director in our records.	to remain as an authorising trustee/executive
2.2	Title	Forename
	Middle name	Surname

If applicable, please tick this box if the person is to remain as an authorising trustee/executive director in our records.

	Middle name	Surname
	If applicable, please tick this box if the person director in our records.	is to remain as an authorising trustee/executive
Sect	ion 3 New authorised signatories	
3.1	<b>First signatory</b> Title	Forename
	Middle name	Surname
	Date of birth (dd/mm/yyyy) Position	
	Mobile number	Daytime telephone number
	Email address	
	Home address	
	Postcode Date moved	to this address (dd/mm/yyyy)
3.2	I agree to CCLA communicating with me by en headed Communicating with you on page pag right to request otherwise at any time.	
3.3	I confirm that to the best of my knowledge all is correct as at the date of signing.	of the above information I have provided
	Signature	Date (dd/mm/yyyy)

Forename

2.3

Title

.4	Title	Forename
	Middle name	Surname
	Date of birth (dd/mm/yyyy) Position	
	Mobile number	Daytime telephone number
	Email address	
	Home address	
	Postcode Date moved to	to this address (dd/mm/yyyy)
;	I agree to CCLA communicating with me by em headed Communicating with you on page page right to request otherwise at any time.	
5	I confirm that to the best of my knowledge all o is correct as at the date of signing.	f the above information I have provided
	Signature	Date (dd/mm/yyyy)

<b>Third signatory</b> Title		Forename
Middle name		Surname
Date of birth (dd/mm/yyyy)	) Position	
Mobile number		Daytime telephone number
Email address		
Home address		
Postcode	Date moved to	this address (dd/mm/yyyy)
	with you on page page 7	il, phone or post as set out in the section of this form. I understand that I have the
I confirm that to the bes is correct as at the date		the above information I have provided
Signature		Date (dd/mm/yyyy)
[		

### Section 4 Trustees/executive directors' authorisation

This section must be read, completed and signed by a minimum of two Trustees/Executive Directors or equivalent who have the authority to act on behalf of the organisation. The Trustees signing this section on behalf of a registered charity must be named on the Charity Commission register. Executive Directors, such as CEOs, must be named as Directors on the Companies House register.

#### **Anti-Money Laundering**

We must verify the authorising persons and the authorised signatories identity in accordance with regulatory requirements. We normally do this using electronic means but occasionally we have to ask for extra documents from you to complete this process.

#### We represent, warrant and undertake that:

- We have read and understood the contents of the Scheme Particulars for each fund we are invested in:
- We are authorised to act on behalf of the investing organisation:
- The correspondent and authorised signatories are known to us;
- We will notify CCLA of any subsequent changes to the authorising Trustees/Executive Directors' or equivalent, correspondent and/or authorised signatories.

4.1	First trustee/executive director or equivalent details	
	Title	Forename
	Middle name	Surname
	Date of birth (dd/mm/yyyy) Position	
	Mobile number	Daytime telephone number
	Email address	
	Home address	
	Postcode Date moved to	o this address (dd/mm/yyyy)
4.2	I agree to CCLA communicating with me by ema headed Communicating with you on page page right to request otherwise at any time.	
4.3	I confirm that to the best of my knowledge all of is correct as at the date of signing.	the above information I have provided
	Signature	Date (dd/mm/yyyy)

	e director or equivalent d	
Title		Forename
Middle name		Surname
Date of birth (dd/mm/y	/yy) Position	
Mobile number		Daytime telephone number
Email address		
Home address		
Postcode	Date moved	to this address (dd/mm/yyyy)
	ting with you on page pag	mail, phone or post as set out in the section ge 7 of this form. I understand that I have the
headed Communica right to request othe	ting with you on page pagerwise at any time.  best of my knowledge all	

### Section 5 Checklist and documentation required

#### PLEASE TICK TO CONFIRM ALL OF THE DOCUMENTS ARE ENCLOSED.

For organisations that are not registered with the Charity Comission, please provide a copy of minutes of a recent meeting for the purpose of confirming the relationship of the authorising trustees/ executive directors to the investing organisation. The minutes should not be older than 12 months and the authorising trustees/executive directors/equivalent should be named in the minutes.

For those persons who have authorised this form and the authorised signatories appointed who reside outside of the United Kingdom, please attach the following evidence so we may verify thier identity:

- Certified copy of passport photo page or certified copy of driving licence and
- Certified copy of utility bill (not more than three months old)

Certification must be dated within the last three months and carried out by one of the following: a representative of an FCA or EU equivalent regulated firm, a solicitor/lawyer, a chartered accountant, a notary or any CCLA Investment Management Limited employee.

The certification must include the words 'Certified to be a true copy of the original seen by me'. The professional should be a different person, not be related, in a relationship or living at the same address to anyone named on the application form and should sign, date, print their name under the signature and add their occupation, address and telephone number, all in BLOCK CAPITALS and in English.

#### (!) Important information

#### Your personal information

#### **Privacy Notice**

CCLA's Privacy Notice sets out how CCLA complies with UK Data Protection requirements and how it processes and protects your personal information. CCLA's Privacy Notice can be found on our website at www.ccla.co.uk.

#### Communicating with you

CCLA may collect and use your personal information to bring to your attention additional products or services which may be of interest to you by email, telephone or post. Where we are required to obtain your consent to communicate with you by email or telephone or post we will do so. You have the right to ask us not to process your personal information for this purpose at any time. Please email us at clientservices@ccla.co.uk or telephone us on 0800 022 3505.

#### **Sharing your personal information**

To provide our services to you we may share your personal information with third parties including:

- those who provide administrative and operational services to us;
- to verify your identity in accordance with UK money laundering requirements. These may include credit reference agencies;
- where required by law, regulation or a court order;
- fraud and law enforcement agencies if you give us false or inaccurate information or you have made us aware that you suspect fraud; and
- HMRC or the Financial Conduct Authority.

#### **Anti-money laundering**

You may be asked to provide documentation to assist CCLA in verifying the identity of any individuals referenced in this form in accordance with regulatory requirements. This is normally done using electronic means but occasionally extra documents may be required from you to complete this process.

CCLA One Angel Lane London EC4R 3AB



Freephone **0800 022 3505** clientservices@ccla.co.uk www.ccla.co.uk