

Change of Signing Authority Education

Please use this mandate to change the authorised signatories and/or replace the signing rules in a current Education Mandate.

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

The Authority in section 3 needs to be passed.

Please complete this form in BLOCK CAPITALS and in black ink. Please mark option boxes with an 'x'.

The individual signing the mandate in section 6 must initial all corrections

1. University/College/School details	
University/College/School name in full	
	Please insert the full name of the University/College/ School
2. Application to accounts	
Please insert details in either section 2.1 or 2.2 by putting a cross in the relevant ba	x below.
EITHER:	
2.1 This mandate applies to all existing and future accounts of the University/College/School Account number Sort code OR 2.2 This mandate only applies to the accounts of the University/College/School detailed below:	Please specify the main operating account New accounts If unknown please leave boxes blank
Account numbers Sort Code Account Numbers Sort Code	
	New accounts If unknown please leave boxes blank If there are more than 12 accounts, please detail on a separate sheet and attach to this mandate
Total number of accounts	Please insert total number of accounts detailed in this section 2.2 and on any separate sheets

3. Authority

It was resolved that:

- The **signing rules** in the current mandate, for the account(s) detailed in section 2, be replaced in accordance with the new rules set out in section 4 of this document; and/or
- The **authorised signatories** in the current mandate, for the account(s) detailed in section 2, be changed in accordance with section 5 of this document
- And the current mandate will continue as amended

4. Replacement of signing rules for the accounts detailed in section 2

If the signing rules in the current mandate for the accounts detailed in section 2 are not to be replaced, please leave this section blank.							
In relation to the matters set out in thinstructions of:	e current Mandate and the acco	ounts detailed in se	ection 2, the Bank may act on the				
One authorised signatory	for unlimited amounts		If unlimited is selected, do not add a value in the box below				
	OR		the box below				
	for amounts up to and inclu	ding	£ P				
Two authorised signatories	for unlimited amounts		If unlimited is selected, do not add a value in				
	OR		the box below				
	for amounts up to and includ	ding	£ P				
If unlimited is not selected, an additional Signing Rule must be added below to specify who may give instruction for unlimited amounts							
Only complete the box below if add	ditional or different Signing Rule	es are required.					
Signing Rules can use the designati Form. This designation could be th		•	Mandate and/or section 5 of this e.g. "Category A" or "Category B").				
Example 1 Any three Authorised Signatories if	the amount exceeds £xxxxx						
Example 2 Any two Authorised Signatories, on	e of whom must be a director if	the amount excee	ds £xxxxx				
Example 3							
Any one Authorised Signatory for a One Authorised Signatory from "Co			tegory B" for unlimited amounts				
Do not identify individuals here the this Form.	by name as these details are co	ollected in the cu	rrent Mandate and/or section 5 of				
	—						
	•						

5. Add or Remove an authorised Signatory for the accounts detailed in section 2.

If the authorised signatories in the current mandate are not to be changed, please leave this section blank.

Please choose the addition or removal of an authorised signatory by putting a cross in the relevant box below.

Please cross through any unused boxes in this section and on any additional sheets.

If more than 6 authorised signatories are to be changed, please photocopy this page, complete and attach to this form

If the designations are specified in the current mandate or section 4, please also include the designation in the official position and/or signing group fields below (e.g. director and A)

ਓ Your Information − Giving your consent

By signing below you agree that the Bank may:

- \cdot 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.

Signing group field required if signing group specified in section 4 (e.g. A, B, C etc)

	Authorised Signatory (please print full name)	Official Position	Specimen Signature (this is only required if an authorised signatory is to be added – please sign within the box)	Signing Group Code
Add				
Remove				
Add				
Remove				
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Add				
Remove				
		l		l
Add				
Remove				
Add				
Remove				
	1	I	l	I
Add				
Remove				

6. Certificate

We certify that:

The Resolution set out in section 3 was passed at a meeting at which a quorum was present. In respect of this mandate and any additional authorised signatories page:

- All the signatures are genuine
- The information given is correct
- I have initialled all corrections

To verify any information on this mandate the Bank	may call me on:	
		Please insert a contact telephone number
The Bank may assume that the person who confirms	s their identity, and co	orrectly answers the Bank's security questions is me
Signature of Chairperson/School governor	Print first name	
	Print Surname	
	Official Position	
	Date	
Signature of Secretary	Print first name	
	Print Surname	
	Official Position	
	Date	