

Social Club/ Unincorporated Association Change of Signatories

This form replaces all existing signatories with the signatories specified below.	Meeting minutes attache
Association Details	
Member Nur	mber
Name of Association*	
Address of the association's principal place of administration*	
	Postcode
Postal address	
	Postcode
Office Phone Email	
Full name of Chairman*	
Full name of Secretary*	
Full name of Treasurer (or equivalent)	
<u> </u>	
Association Signatories – for more than 4 people, attach a separate lis	st
Signatories who are not QBANK members will need to complete a Non-Shareholding	Membership Application Form and meet ID requirements
Person 1	
Mr / Mrs / Ms / Miss (please circle)	Member No.
Surname Given Names	Home Phone Daytime Phone
Date of Birth	Mobile Phone
Residential Address	Postcode
Email	
Please select relevant box/es:	surer Signatory
Signature	Date
If not a current QBANK Member	
Complete a membership application form for an individual.	
Person 2	
Mr / Mrs / Ms / Miss (please circle)	Member No. Home Phone
Surname Given Names	
Date of Birth	Daytime Phone Mobile Phone
Residential Address	Postcode
Email	· Osteode
Please select relevant box/es:	surer Signatory
Signature	Date
If not a current QBANK Member Complete a membership application form for an individual.	

Person 3 Mr / Mrs / Ms / Miss (please circle)	Member No.	
Surname	Home Phone	
Given Names	Daytime Phone	
Date of Birth	Mobile Phone	
Residential Address		Postcode
Email		. 0510000
Please select relevant box/es:	Signatory	
Signature	Date	
Signature	Date	
If not a current QBANK Member Complete a membership application form for an individual.		
Person 4		
Mr / Mrs / Ms / Miss (please circle)	Member No.	
Surname	Home Phone	
Given Names	Daytime Phone	
Date of Birth	Mobile Phone	
Residential Address		Postcode
Email		
Please select relevant box/es: Chairman Secretary Treasurer	Signatory	
Signature	Date	
Selecting Your Account/s and Access Facilities Consent for electronic delivery of statements and notices Please use the nominated email address: ■ to advise that statements are available to view or download from Internet Banking on the I understand that: ■ Statements are to be checked regularly ■ I can revert to receiving paper statements and notices in the post at any time Email	e QBANK website	
Association's Authorisation to Open Account		
The Committee of the Association resolved that: 1. the person(s) specified as signatories be authorised to sign on the association's behalf of the account signing authority will be as follows: Any one to sign Any two to sign I confirm that this is a true copy of the resolution. I have disclosed details about the beneficial owners as above. I/We the signatories named above indemnify QPCU Limited for the amount which the account	☐ All par	ion's accounts with QBANK ties to sign
Chairman of the Committee Please print name Date		
QBANK / Office Use Only	No.	
Identification verified for Chairman, Secretary or Treasurer (where relevant) who are not	1	S
Processed by	Date	l .