

Imprest Account Opening Form / Change of Signing Rules (supersedes all previous Mandates held for this account)



| | | | |
|--------------------------------|----------------------|----------------------|----------------------|
| Council Name | <input type="text"/> | Imprest Account Name | <input type="text"/> |
| Imprest Address | <input type="text"/> | | |
| Post Code | <input type="text"/> | <input type="text"/> | |
| Name of Imprest Account Holder | <input type="text"/> | | |
| Contact Tel Number | <input type="text"/> | <input type="text"/> | |
| E-Mail Address | <input type="text"/> | | |
| Sort Code | <input type="text"/> | Account Number | <input type="text"/> |

Operation of Account

☐ Any one signatory ☐ Any two signatories ☐ Other (please specify)

Authorised Signatories

By signing this form you confirm you have read a copy of the Bank's "Privacy Notice" provided to you and made aware that this is also available to view at virginmoney.com/security and that you are aware of your personal information being processed in the manner described in the notice.

| Name | Signature | Telephone Number | E-Mail Address |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|--------------------------|----------------------|------|----------------------|
| Signed by Account Holder | <input type="text"/> | Date | <input type="text"/> |
|--------------------------|----------------------|------|----------------------|

Council Authorisation (as per Council Mandate)

☐ I / we acknowledge receipt of the Financial Services Compensation Scheme (FSCS) Information Sheet & Exclusions List.*

*Please tick to acknowledge

| | | | |
|-----------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | Position/Designation | <input type="text"/> |
| Signature | <input type="text"/> | Date | <input type="text"/> |
| Name | <input type="text"/> | Position/Designation | <input type="text"/> |
| Signature | <input type="text"/> | Date | <input type="text"/> |

