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

Council Name		Imprest Account Name	
Imprest Address			
Post Code			
Name of Imprest Account Holder			
Contact Tel Number			
E-Mail Address			
Sort Code		Account Number	

CIF **(Society Use Only)**

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 Society'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		Name	
Address		Address	
Post code		Post code	
DOB		DOB	
Nationality		Nationality	
Email Address		Email Address	
Contact Tel No.		Contact Tel No.	
Signature		Signature	

Continued Overleaf…

Name		Name	
Address		Address	
Post code		Post code	
DOB		DOB	
Nationality		Nationality	
Email Address		Email Address	
Contact Tel No.		Contact Tel No.	
Signature		Signature	
Name		Name	
Address		Address	
Post code		Post code	
DOB		DOB	
Nationality		Nationality	
Email Address		Email Address	
Contact Tel No.		Contact Tel No.	
Signature		Signature	
Name		Name	
Address		Address	
Post code		Post code	
DOB		DOB	
Nationality		Nationality	
Email Address		Email Address	
Contact Tel No.		Contact Tel No.	
Signature		Signature	
Signed by Account Holder		Date	

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		Position/Designation	
Signature		Date	
Name		Position/Designation	
Signature		Date	