

**Registered Signatories Form**

Please Use **BLACK** or **BLUE INK** and print within the boxes in **CAPITAL LETTERS**.

Account Number

Account Name

By completing and signing below, I/we acknowledge that these signatures will be registered for all future withdrawals.  
It is essential that UCA Funds Management Limited is notified when the signatories change.

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.
Given Name(s)						Given Name(s)					
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Surname/Family Name						Surname/Family Name					
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PLEASE NOTE: If there is to be more than one signature on this account, please indicate whether one or more signatures are required on a withdrawal by circling the appropriate AND/OR below.

Signature	<b>AND/OR</b>	Signature
_____		_____
Date		Date
<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"/>

SIGNATORIES OTHER THAN ACCOUNT HOLDER (Certified identification is required)  
POWER OF ATTORNEY (If signing as a Power of Attorney, please also attach a certified copy of the Power of Attorney)

Mr  Mrs  Ms  Miss  Dr.  Rev.

Given Name(s)

Surname/Family Name

Date of Birth

/   /

Residential Address

Postcode

Mr  Mrs  Ms  Miss  Dr.  Rev.

Given Name(s)

Surname/Family Name

Date of Birth

/   /

Residential Address

Postcode