

Membership
Number

Application Member Cheque Facility



Date: / /20

Account Name: _____

Address: _____

Authority to Sign:

Full Name(s)	Signatures	Signing Instructions
		<input type="checkbox"/> Any 1 to sign
		<input type="checkbox"/> All Parties to sign
		<input type="checkbox"/> Other (specify)

- 1 I/We, ("The Member"), apply to join the Members' Cheque Scheme described in this application from in relation To my/our account with The Capricornian Ltd.
- 2 I/We authorise the following persons whose names and signatures are set out above ("the Authorised Signatories") to sign cheques credits and payments orders and to countermand payment of cheques and other Instruments pursuant to the Members' Cheque Scheme.
- 3 Such cheques credit and payment orders may be signed by any one of the authorised signatories until I/we give Notice of cancellation of the authority.
- 4 I/We accept and agree to be bound by the terms and conditions of the Members' Cheque Scheme, a copy of Which has been read and understood by me/us.

Cheque Details:

25 Leaf Pocket 100 Leaf Large 200 Leaf Business Deposit Book

Cheque Facilities to be added to: S _____

Narration for Cheque Book: _____

Member Signature/s: _____

Office Use Only		
Link No:	Date Processed:	Initials & No: