

**AUTHORISED SIGNATORIES**

To be completed by employer and member

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

Fund name

Employer

We hereby confirm that the following person/s are authorised to sign the following specific forms on behalf of the company:

**AUTHORISED SIGNATORY 1**

Full names

Surname

ID or Passport number (if foreign national)

Designation

Telephone number  E-mail

Fax number

**Authorised to sign:**

- Notification of withdrawal
- Notification of retirement
- Notification of death
- Other
- New member application

Specimen signature

**AUTHORISED SIGNATORY 2**

Full names

Surname

ID or Passport number (if foreign national)

Designation

Telephone number  E-mail

Fax number

**Authorised to sign:**

- Notification of withdrawal
- Notification of retirement
- Notification of death
- Other
- New member application

Specimen signature

**AUTHORISATION**

Name

ID or Passport number (if foreign national)

Designation  Date

Authorised signature

Company Stamp

**NOTES:**

1. This is the latest form and it replaces/supersedes any other list of authorised signatories that has been provided to Acravest.
2. The employer accepts full and complete responsibility for the accuracy and integrity of all instructions sent to Acravest.
3. As soon as you are aware of a change in signatory/ies, please notify Acravest by completing and forwarding a new form to us.
4. Please ensure that a primary signatory is provided as well as a back-up signatory in the event of the primary signatory not being available.