



**REQUEST TO AMEND CHARITABLE FUNDS SIGNATORIES**

This form needs to be resubmitted as and when signatories change.

Please note: All Charitable Funds will be reviewed on an annual basis in line with Charities Commission Regulations in order to ensure that they are being used efficiently and in the interests of the intended beneficiaries.

Fund Cost Centre: \_\_\_\_\_

Title of Fund: \_\_\_\_\_

Purpose of Fund: \_\_\_\_\_

Please **remove** the following signatories:

<u>Name (print)</u>	<u>Effective from</u>
_____	_____
_____	_____
_____	_____

Please **add** the following signatories:

<u>Name (print)</u>	<u>Signature</u>	<u>Designation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved by (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE NOTE: AMENDMENTS MUST BE AUTHORISED BY A CURRENT SIGNATORY OF THE FUND

Please return this form to the Finance Assistant, Frimley Health Charity, Heatherwood Hospital, Ascot, Berkshire SL5 8AA.

