**Charitable Fund Signatory Amendment Form**

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| **Section A: Charitable Fund Details** |
| **Charitable Fund Number** |  |
| **Charitable Fund Name** |  |

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| **Section B: Remove Signatories***Please* ***remove*** *the following signatories* |

|  |  |
| --- | --- |
| **Name** |  |
| **Position/Job Role**  |  |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Position/Job Role**  |  |
| **Email Address** |  |

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| **Section C: Add Signatories***Please* ***add*** *the following signatories* |

|  |  |
| --- | --- |
| **Name** |  |
| **Position/Job Role**  |  |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Position/Job Role**  |  |
| **Email Address** |  |

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| **Section D: Authorisation***Please note: Any amendments must be authorised by a current signatory of the fund.*  |
| **Approved by** |  |
| **Position/Job Role**  |  |
| **Email Address** |  |
| **Signature** |  |
| **Date** |  |

**All completed applications to be returned to Olivia in the finance team at** **olivia.richmond@nhs.net**

**For further support on your charitable fund please reach out to Frimley Health Charity at** **fhft.fundraising@nhs.net**