



NOTICE OF AUTHORISED SIGNATORIES ON BODY CORPORATE FINANCIAL INSTITUTION ACCOUNT

Section 1 To: The Financial Institution	Name
	Address
	Locality/Suburb State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Section 2 Account details	Account Name
	Account Number
	The body corporate for (name of scheme)
	Community Titles Scheme (CTS number)
Section 3	<p>Be advised that in respect to the above account the body corporate:</p> <p>1. Hereby advises that the contract of engagement of the following body corporate manager has ended.</p> <p>Name</p> <p><i>The financial institution must not allow the person previously engaged as body corporate manager or the person's associate to operate the account.</i></p> <p>2. Has authorised the following person or persons to operate the account:</p> <p>Name</p> <p>Signature Date <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <small>D D M M Y Y Y Y</small></p> <p>Name</p> <p>Signature Date <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <small>D D M M Y Y Y Y</small></p> <p>Name</p> <p>Signature Date <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <small>D D M M Y Y Y Y</small></p>
Section 4	<p>This notice is signed and given under the authority of the Body Corporate (affix common seal).</p> <p>Name</p> <p>Signature Date <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <small>D D M M Y Y Y Y</small></p> <p>Name</p> <p>Signature Date <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <small>D D M M Y Y Y Y</small></p>