

Application to Change Bank Account Signing Authorities

Ministry/Agency Making Application: _____

Name of Financial Institution: _____

Account Name and Number: _____

Branch Address: _____

Changes in Signing Authority

(a) Additions

1. Name: _____ Position: _____

2. Name: _____ Position: _____

3. Name: _____ Position: _____

Reasons for adding:

	Name 1		Name 2		Name 3	
Is each individual independent of:	Yes	No	Yes	No	Yes	No
(i) Cash receipt, cash handling & deposit functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Cheque preparation function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Cheque mailing function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Bank reconciliation preparation function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is "no" please indicate what compensating controls are implemented.

(b) Deletions

1. Name: _____ Reason: _____

2. Name: _____ Reason: _____

3. Name: _____ Reason: _____

Submitted By: _____
Signature of the Official of the
 Ministry/Agency making application

Date

Approved By: _____
Corporate Services Head or
 Assistant Provincial Comptroller (for accounts not delegated)

Date