



DIOCESAN INVESTMENT FUND USERS AUTHORITY

ABN 32 991 362 517
Phone 1800 802 516
Fax 02 6622 4238

Account Number

Account Name:

Authorised User (if other than account holder):

USERS AUTHORISED FOR "FULL ACCESS" ON THE ABOVE ACCOUNT ARE:

Full Name			
Address			Postcode
Telephone	(H)	(W)	(M)
Email			Signature

Full Name			
Address			Postcode
Telephone	(H)	(W)	(M)
Email			Signature

Full Name			
Address			Postcode
Telephone	(H)	(W)	(M)
Email			Signature

NOTE: Copy of Drivers Licence (front and back) for each person being given the authority to operate is to accompany this application, unless previously identified on the above account. Copy to be certified a true copy of the user's licence by the Authorised account signatory.

THE "ENQUIRY ONLY" USERS WILL BE: (Choose only one type of access for each role)

Full Name			
Address			Postcode
Telephone	(H)	(W)	(M)
Email			Signature

Full Name			
Address			Postcode
Telephone	(H)	(W)	(M)
Email			Signature

Full Name			
Address			Postcode
Telephone	(H)	(W)	(M)
Email			Signature

Signature:

(If more than one signature, ie joint/company)

NOTE: All joint, company and superannuation fund accounts need all signatures as currently held to operate account.

Date:

OFFICE USE ONLY:

Signature Verified

Date Processed

Processed By