

Front Office Contact Number Form

This form must be completed on behalf of the applicant/Participant or its Representative (or proposed Representative)¹. To ensure our records are kept up to date, the Bank may require that this form is updated from time to time.

NAME OF CONTACT

EFFECTIVE AS FROM

TELEPHONE NUMBER

I (or We) hereby certify that:

- (i) the telephone number(s) above may be used to authenticate instructions given on behalf of the [applicant] [Participant][Representative], in relation to the CNRF;
- (ii) the telephone number(s) above will be answered during working hours rather than reverting to voicemail;
- (iii) I (or we) are authorised signatories on behalf of the [applicant][Participant] [Representative] and have the relevant authority (delegated or otherwise) to complete this form for and on behalf of the [applicant][Participant][Representative]²

Signed

Signed

Name

Name

Title

Title

**Authorised Signatory for and on behalf of the
[applicant] [Participant] [Representative]**

**Authorised Signatory for and on behalf of the
[applicant] [Participant] [Representative]**

¹ If provided with application form – the applicant/proposed participant should sign.

² Please provide evidence to support the authority of the Authorised Signatories signing this application form on behalf of the participant, together with specimen signatures duly certified as authentic and true. Guidance on the evidence required to support the Authorised Signatory Evidence Form is available here: [CNRF Signatory Guidance](#).