



CATHOLIC DEVELOPMENT FUND
CERTIFICATE OF IDENTITY

This is to certify that the person/s named and whose signature/s appear below, has/have been authorised to be signatory/s to the following account:

Account Name: _____

Account No: _____

1 Name _____	3 Name _____
Signature _____	Signature _____
2 Name _____	4 Name _____
Signature _____	Signature _____

Contact Person _____

Daytime Phone Number _____

Signatory/s to operate this account

- ☐ Any one for telephone transfer to organisation cheque account
- ☐ Any of the above
- ☐ Any two of the above
- ☐ Other, (Please specify) _____

Internet Access

Names	Full	Enquiry only

Confirmed by (for new accounts) _____
(CDF employee, Parish Priest, Justice of Peace, Solicitor, Bank Manager)

Date: _____

Signatures of Outgoing Officer (for Existing Accounts) _____

Please provide copy of minutes authorising the opening of this account and/or a change of signatories