

## CERTIFICATE OF IDENTITY

Account Name

Account Number

1. Name

Signature

ID

Ref

2. Name

Signature

ID

Ref

3. Name

Signature

ID

Ref

4. Name

Signature

ID

Ref

Contact Person

Phone (Daytime)

### Signatory/s to operate this account:

- Any one for telephone transfer to organisation cheque account
- Any two of the above
- Other (please specify)

Confirmed by (for new accounts)

(CDF employee, Parish Priest,  
Justice of Peace, Solicitor, Bank Manager)

Date

Name/s of Outgoing Officer:

(for Existing Accounts)

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