



BRED (Vanuatu) Limited

Notice of Variation of Authority for Companies

Name of Customer

Date

To: BRED (Vanuatu) Limited

I/We hereby notify the Bank the Authority for Companies completed on behalf of the Customer on _____ (specify date) (the "Authority") is varied as follows:

1. New signatories to be added. Note that a 100 Point Identification Check must be completed for each new signatory.

Full Name of Authorised Person	Position	Specimen Signature

2. Existing signatories to be deleted:

Full Name of Authorised Person	Former Position

3. Please confirm your signing authority

Any to sign. Any one of the authorised signatories can operate the account without the others permission.

All to sign. All of the authorised signatories are required to act to operate the account.

Any two to sign. Any two of the authorised signatories are required to act to operate the account.

Other. _____

I/We certify, that the Customer has passed all necessary resolutions and taken all necessary corporate and other actions to authorise the New Authorised Person (s) to do the acts or things referred to in the Authority (as amended by this notice).

I/We acknowledge and agree that all accounts maintained with the Bank in the name of the Customer are governed by the Authority (as amended by this notice) and by the terms and conditions generally applicable to accounts maintained with the Bank (including those in the Bank's General Terms and Conditions).

FOR A COMPANY

The **COMMON SEAL** of the **COMPANY**)
is here **AFFIXED** by authority of)
its **BOARD** in the presence of:)

_____ Signature of Director	_____ Full Name of Director	_____ Date
_____ Signature of Director/Secretary	_____ Full Name of Director/Secretary	_____ Date

FOR AN ASSOCIATION

_____ Full Name of Legal Entity		
_____ Signature of Authorised Legal Representative	_____ Full Name of Authorised Legal Representative	_____ Date
_____ Signature of Witness	_____ Full Name of Witness	_____ Date
_____ Signature of Authorised Legal Representative	_____ Full Name of Authorised Legal Representative	_____ Date
_____ Signature of Witness	_____ Full Name of Witness	_____ Date

FOR A BUSINESS

_____ Signature of Applicant	_____ Full Name of Applicant	_____ Date
_____ Signature of Witness	_____ Full Name of Witness	_____ Date

FOR PROCESSING *(Bank Use Only)*

- Update Company Account Opening/ Signatory file.
- Updated Authorised signatories have been scanned and inputted into the system for verification.
- 100 Point Identification Check completed for all new signatories.

Account Opening Officer

MCS

If required, MRC