

**SPECIAL PURPOSE FUND SIGNATORY FORM**

PLEASE COMPLETE ALL FIELDS

Opening Fund [ ]

Amending Fundholders [ ]

Name of Fund: \_\_\_\_\_

Justification for opening new fund \_\_\_\_\_

**Purpose of Fund:** (explain what activity the fund is being used to support e.g. research, training, staff and patient welfare)

\_\_\_\_\_  
\_\_\_\_\_

**Source of Income:** (explain how income is generated e.g. donations, teaching fees, private patients fees)

\_\_\_\_\_

**Directorate & Speciality:** \_\_\_\_\_

**Specimen signature of authorised fund holders - minimum of 2 signatures required:**

Please complete in BLOCK letters

Name	Signature	<u>Email Address &amp; Address</u>	Contact Number
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**Notes:**

- In signing this form, the fundholders confirm that they agree to comply with such guidance issued by the Charity from time to time concerning the use of Special Purpose Funds.
- Any changes in the above details, particularly changes in fundholders, should be notified promptly, in writing, to the Charity.

Fund Opened/Amended By and Date \_\_\_\_\_ Fund Number \_\_\_\_\_