**OCEAN – CHANGE OF SIGNATORY PANEL**

**Please use this form to add or remove authorised signatories for your project. You should submit the completed document to:** [**finance@oceangrants.org.uk**](mailto:finance@oceangrants.org.uk) **including your project reference in the subject line of your email.**

|  |  |
| --- | --- |
| **Project Reference:** |  |
| **Project Title:** |  |
| **Lead Organisation:** |  |
| **Date:** |  |

1. **Add Authorised Signatory to Signatory Panel**

**Should a new signatory be required, the Department will require written notification with an example of the new signature to be provided. Any change of signatory will need to be signed by two existing authorised signatories to be approved.**

Please provide the names, position within the Organisation and a sample signature for all new authorised signatories that you would like to add to your project’s Signatory Panel below. By signing below you agree that the following named persons will be responsible for the finances of the grant aided work, including the submission of claims, statements and accounts. Only authorised signatories will be accepted on grant claim forms. You should ensure that your project has at least two authorised signatories at all times.

New Authorised Signatory 1.

**Sample Signature** (please sign below):

**Print Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position within**

**the Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Authorised Signatory 2.

**Sample Signature** (please sign below):

**Print Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position within**

**the Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Authorised Signatory 3.

**Sample Signature** (please sign below):

**Print Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position within**

**the Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Remove Authorised Signatory from Panel**

Please provide below the details of any existing signatories that you wish to remove from the Signatory Panel. You should include the full name and position of the authorised signatory you wish to remove from the panel, along with the reason for making this change.

Signatory 1. To be Removed

**Print Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position within**

**the Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Change:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatory 2. To be Removed

**Print Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position within**

**the Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Change:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatory 3. To be Removed

**Print Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position within**

**the Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Change:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Certification**

In my capacity as an existing authorised signatory, I confirm that I would like to add and/or remove the named person(s) above from the Signatory Panel. By signing this change of Signatory Panel, I confirm that:

* all signatures provided are genuine;
* the information provided is correct; and
* any authorised signatories added to the signatory panel will be responsible for the finances of the grant aided work and have the authority to make changes to the signatory panel.

**Signed by:**

Authorised Signatory 1.

Signature:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised Signatory 2.

Signature:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_