# Health Professions Council Finance & Resources Committee Meeting – 22<sup>nd</sup> June 2006

#### BANK MANDATE

# **Executive Summary and Recommendations**

#### 1. Introduction

A new revised bank mandate is required, as current is out of date. All signatories will need to re-sign.

# 2. Decision

The Committee is asked to agree the revised bank mandate (Revision 7)

# **Background information**

Due to procedural changes at Natwest, every time HPC Bank Mandate changes, each change has to be approved by Committee and a new Natwest Bank Mandate will have to be agreed. The departure of the Director of Communications has resulted this.

# **Resource implications**

None

# **Financial implications**

None

# **Appendices**

Bank Mandate (Revision 7) Natwest Bank Mandate

# Date of paper

5<sup>th</sup> June 2006

#### **HEALTH PROFESSIONS COUNCIL**

# **BANK MANDATE ARRANGEMENTS (Revision 7)**

The List is to operate with effect from 1<sup>ST</sup> April 2006

| LIST A LIS |
|------------|
|------------|

Marc Seale Norma Brook
Niamh O'Sullivan John Camp
Roy Dunn
Simon Leicester
Gregory Ross Sampson

# Cheques to be signed as follows:

Up to and including £25,000.00 Any 2 signatures from Lists A

Over £25,000.00 Any 1 signature from Lists A & 1 from List B

#### **Bacs Transfers**

The payment of some invoices and payroll is made by BACS

The total list of payments, must, before transmission, be signed by any 2 from list A but individual items of payments greater than £25,000.00 should be initialled by a person from List B.

#### **Transfer between Accounts**

Other than automatic transfers, transfers between Natwest Accounts (Including Money Market & Corporate Bond Transactions) may be confirmed on the Authority of Marc Seale (Chief Executive) Simon Leicester (Finance Manager) & Manj Cheema (Financial Accountant).

#### **Other Instructions**

The Financial Accountant (Manj Cheema) has authority to deal with all HPC accounts on a daily procedural basis; making funds transfers between HPC accounts & Investment deposits.

| Signature | of | Chairperson: | Name |
|-----------|----|--------------|------|
| Print     |    |              |      |

| Signature | of | Chief | Executive: | Name |
|-----------|----|-------|------------|------|
| Print     |    |       |            |      |

NatWest

# Club, Society or Unincorporated Body Mandate Please complete this mandate using a BLACK ballpoint pen in BLOCK CAPITALS

| Excerpt from Meeting of 'Members' Committee FINANCE &  | RESCURCES (delete/insert as appropriate)  |
|--|---|
| OF HEALTH PROFESSIONS COUNCIL  |   |
|  | (insert full name of society, club or unincorporated body) ('the Organisation')   |
| held at  |   |
| on the   | day of  |
| it was resolved that:  |   |
|  |   |
| Notional Westminster Bank Plc be requested to act as the bankers of t  | he Organisation   |
|  |   |
| Meanings of words used in this Authority  'Account' means an account or accounts held with the Bank in the name of  'Bank' means National Westminster Bank Plc   | of the Organisation   |
| Authority  |   |
| 2(a) The Bank is requested to open or continue on Account in the name of section 2(b) below in respect of instructions not in writing] (i) for open in the name of the Organisation from   | itions on the Account and (ii) to release items held in security or safe custody  |
| SEE ATTACHED BANK MANDA<br>ARRANGEMENTS (REVISION  | TE FOR SIGNING  |
| ARRANGEMENTS (REVISION   | V 7)  |
|  |   |
|  |   |
|  |   |
| (insert the titles of officials authorised to operate on the account where appro<br>authority) on behalf of the Organisation, even it the account becomes overdr   | puiote. Specify clearly if more than one signature is required and any limits on the own as a result of the Instructions. |
| 2(b) Where instructions to the Bank are given in any form that is not in writing authorised signature(s)] the Bank is entitled to accept them if satisfied the require them to enter into a separate agreement(s) with the Bank and/or instructions that are not in writing; | that the instruction is genuine. The Organisation accepts that the Bank may   |
| 2(c) The Bank should send statements of account to the 'Treasurer/'the Sec<br>('delete/insert details as appropriate) of the arganisation at the following   |   |
| HPC, PARK HOUSE, 184 KENNINGT  | ON PARK ROAD, LONDON, SEI14BU   |
|  |   |
| Constitution of the Organisation   |   |
| 3 The Bank is to be:-  |   |
| <ul> <li>given a copy of the Rules and Regulations of the Organisation and<br/>by the Secretary.</li> </ul>  | ony amendments made thereafter, certified as correct  |
| (b) given authorised signatories sheet(s) (certified as correct by the Ch  | nairperson and Secretary).  |
| The Secretary shall notify the Bank of resignations and retirements of those of  | · ·   |
| This outhority shall continue notwithstanding any change in the constitution of  | or membership of the Organisation and until receipt by the Bank of a certified  |
| copy of a later Resolution amending or rescinding this Resolution.   |   |
|  |   |
| We hereby certify that the above is a true Excerpt from the Minutes of the Me  | eeting of the "M <del>embers</del> /"Committee/   |
| · FINANCE & RESOURCES  | [delete/insert details as appropriate] of the Organisation,   |
| at which the quorum required by the Rules and Regulations of the Organisation  |   |
| Signature of Chairperson   | Signature of Secretary  |
|  |   |



# **Authorised Signatories Sheet**

Club, Society or Unincorporated Body Mandate

| Signature   Official Position  | Full name o                             | f aut                            |          | <u> </u> |              |          |       |          |               |          |          | , .             |          |                                       |   | <b>,</b>  |             |  |         | ,        |           | ·        |          |           |       | ,        | ,            |             | ·       |           |
|--|---|----------------------------------|----------|----------|--------------|----------|-------|----------|---------------|----------|----------|-----------------|----------|---------------------------------------|---|---|-------------|--|---------|----------|-----------|----------|----------|-----------|-------|----------|--------------|-------------|---------|-----------|
| Entitle F EXE CUTIVE  Full name of outhorised person:  R O R P D UNN  Signature  Official Position  I N F O R M A T I O N S E R V I  C E S D I R E C T O R  Full name of outhorised person:  N O R M A R R O O K  Full name of outhorised person:  N O R M A R R O O K  The signature  Official Position  C D U N C I L M E M R E R  Full name of outhorised person:  Signature  Official Position  C D U N C I L M E M R E R  Full name of outhorised person:  Signature  Official Position  C D U N C I L M E M R E R  Full name of outhorised person:  Signature of Secretary of the meeting  Signature of Secretary of the meeting  Where additional sheets are used, please specify overall number of outhorised signatories submitted  For Brain/Mandate Centre use only. Caddoce Notes was be deterbring prior to sending to Mandate Centre.  Sont Code  Account Namice:  Verified by  Signature ID No.  | MAR                                     | C                                | J        |          | <u> S</u>    | €        | Δ     | L        | E             | L        | <u> </u> |                 |          | J                                     |   | <u> </u>  |             |  |         |          |           | J        |          |           |       | <u> </u> | <u> </u>     | ļ           |         |           |
| Full name of outhorised person:    Political Position  |   |                                  |          |          | $\prod$      |          |       |          |               |          |          |                 |          |                                       |   |   |             |  |         |          |           |          |          |           |       |          |              |             |         |           |
| CHILEFEXE CUTIVE  Full name of outhorised person:    ON POWNN   Signature  | Signature                               |                                  |          |          |              |          |       |          |               |          |          |                 |          |                                       | icial   | Posi  | tion        |  |         |          |           |          |          |           |       |          |              |             |         |           |
| Full name of outhorised person:    Part   Part   Part   Part   Part  |   |                                  |          |          |              |          |       |          |               |          |          |                 |          |                                       | Н   |   | Ę           | F  |         | F        | ×         | E.       | c        | u         | τ     | T        | V            | E           |         |           |
| Signature  Official Position  I MFORMATION SEQVI  CESDICECTOR  Full name of authorised person  Full name of authorised person  Official Position  COUNCILL MEMBER  Signature  Official Position  COUNCILL MEMBER  Full name of authorised person  NIORMABER  Signature  Official Position  COUNCILL MEMBER  For Bank/Mandate Centre use only. Cardone blores used to detected prior to sending to Mandate Centre.  Soit Code  Account Number:  Verified by  Signature of Signature ID No.  |   |                                  |          |          |              |          |       |          |               |          |          |                 |          |                                       | T .   | <u> </u>  |             | <u></u> _                                    |         |          |           |          |          |           |       | $\equiv$ | <del>-</del> |             |         | $\dashv$  |
| Signature  Official Position  I MFORMATION SEQVI  CESDICECTOR  Full name of authorised person  Full name of authorised person  Official Position  COUNCILL MEMBER  Signature  Official Position  COUNCILL MEMBER  Full name of authorised person  NIORMABER  Signature  Official Position  COUNCILL MEMBER  For Bank/Mandate Centre use only. Cardone blores used to detected prior to sending to Mandate Centre.  Soit Code  Account Number:  Verified by  Signature of Signature ID No.  | L                                       |                                  |          |          |              |          |       |          |               |          |          |                 |          |                                       |   | <u></u>   | L., .       | l  | L       | <u> </u> | L         | 1        | L        | <u> </u>  |       |          | <u> </u>     | Щ           |         |           |
| Signature  Official Position  I M F D R M A T L O M S E R V I  C E S D V R E C T O R  Full name of authorised person:  Full name of authorised person:  NOR M A B R O O R  Full name of authorised person:  NOR M A B R O O R  Signature  Official Position  C D L N C L L M E M B E R  Official Position  C D L N C V L M E M B E R  Signature  Official Position  C D L N C V L M E M B E R  Signature of Chairperson of the meeting Signature of Secretory of t |   |                                  |          |          |              |          |       |          |               |          |          |                 |          |                                       | ·T···   | т   |             |  |         |          |           | 1        |          | 1         |       | T        |              |             |         |           |
| Full name of authorised person:    To   M   C   A   M  | ROY P DUNN                              |                                  |          |          |              |          |       |          |               |          |          |                 |          |                                       | <u> </u>                                      | <u></u>   | <u> </u>    | <u> </u>                                     |         | <u> </u> |           | <u> </u> | <u> </u> |           |       | <u> </u> | <u></u>      | <u> </u>    |         | Ш         |
| Full name of authorised person:    To   H   M   C   A   M   P  |   | 1                                |          |          | <u></u>      |          |       |          |               | 1        |          |                 |          |                                       |   |   |             |  |         |          |           |          |          |           |       |          |              | <u>L</u>    |         |           |
| Full name of authorised person:    John   Campe  | Signature                               | Signature C                      |          |          |              |          |       |          |               |          |          |                 |          |                                       |   | Posi  | tion        |  |         |          |           |          |          |           |       |          |              |             |         |           |
| Full name of authorised person:    John No Campe   |   |                                  |          |          |              |          |       |          |               |          |          |                 |          | 1                                     | N   | F   | 0           | R  | M       | A        | T         | ı        | ပ        | 7         |       | S        | $\epsilon$   | e           | V       | j         |
| Full name of authorised person:    JOHNOCAMP   |   |                                  |          |          |              |          |       |          |               |          |          |                 |          | C                                     | E   | S   | <u> </u>    | D  | 1       | 12       | E         | C        | τ        | ပ         | R     |          |              |             |         |           |
| Signature  Official Position  COUNCIL MEMBER  Full name of authorised person:  NORMABBOOK  Signature  Official Position  COUNCIL MEMBER  Signature  Official Position  COUNCIL MEMBER  Signature  Official Position  COUNCIL MEMBER  Signature of Chairperson of the meeting  Where additional sheets are used, please specify overall number of authorised signatories submitted:  For Bank/Mandate Centre use only. Custance Notes must be distabled prior to sending to Mandate Centre.  Soit Code  Account Numbers  Verified by  Signature ID No.  |   | ,                                |          |          |              |          |       |          |               |          |          |                 |          | •                                     |   |   |             |  |         |          |           |          |          |           |       |          |              |             |         |           |
| Signature  Official Position  COUNCIL MEMBER  Full name of authorised person:  NORMABROOK  Official Position  Official Position  COUNCIL MEMBER  Signature  Official Position  COUNCIL MEMBER  Signature of Secretary of the meeting  Where additional sheets are used, please specify overall number of authorised signatories submitted:  For Bank/Mondate Centre use anly. Cuidonce Notes must be distorbed prior to sending to Mandate Centre.  Soit Code  Account Number:  Signature ID No.   |   |                                  |          |          |              |          |       |          |               |          | Т        | <del>} </del> 1 |          | Т                                     | 1-  | !   | _           | :  |         | ŀ        | 1         | т        | Γ        |           |       |          | Т            | 1           |         |           |
| Full name of authorised person:    NORMABBOOK  | HOL                                     | ~                                |          | A        | <u>.   m</u> | 1        |       |          | ,             | ]<br>—   | L_       |                 |          | <u> </u>                              | <u>i                                     </u> | <u></u>   | <u> </u>    | <u> </u>                                     | L       | ļ        | ]         | <u> </u> | <u> </u> |           |       | <u> </u> | <u></u>      | <u> </u>    |         |           |
| Full name of authorised person:    NORMABBOOK  |   |                                  |          |          | 1_           | <u> </u> | l!    |          |               | <u> </u> | <u>L</u> |                 |          | <u></u>                               | <u></u> .                                     | <u> </u>  | <u>i.</u> . |  | <u></u> | l        | <u> </u>  |          |          |           |       | <u> </u> | <u></u>      | <u>L_</u>   | <u></u> |           |
| Full name of authorised person:  NORMABBOOK  Signoture  Official Position  COUNCILMEMRER  The signatures given on this sheet are genuine  Total number of signatories on this sheet  Signature of Chairperson of the meeting  Where additional sheets are used, please specify overall number of authorised signatories submitted:  For Bank/Mandate Centre use only. Cuidonce Notes must be distached prior to sending to Mandate Centre.  Soit Code  Account Numbers  Verified by  Signature ID No.  | Signature                               |                                  |          |          |              |          |       |          |               |          |          |                 |          | Offi                                  | icial   | Posi  | tion        |  |         |          |           |          |          |           |       |          |              |             |         |           |
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|  | Sort Code                               |                                  |          |          | Ac           | count    | Nom   | hers     |               |          |          |                 |          |                                       |   |   |             |  |         |          |           |          |          |           |       |          |              |             |         |           |
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| RM Location Phone No   | Verified by                             |                                  |          |          |              |          |       |          |               |          | -        |                 |          | Signature ID No.                      |   |   |             |  |         |          |           |          |          |           |       |          |              |             |         |           |
| RM Location Phone No.  |   |                                  |          |          |              |          |       |          |               |          |          |                 |          |                                       |   |   |             |  |         |          |           |          |          |           |       |          |              |             |         |           |
|  | RM Location                             |                                  | ··       |          |              |          | _     |          | <u>_</u>      |          |          |                 | -        | Phone No.                             |   |   |             |  |         |          |           |          |          |           |       |          |              |             |         |           |
| Date of completion   | Date of                                 | destin-                          |          |          |              |          |       |          |               |          |          |                 |          |                                       |   |   |             |  |         |          |           |          |          |           |       |          |              |             |         |           |



# **Authorised Signatories Sheet**

Club, Society or Unincorporated Body Mandate

| Full nom    |                                 |      |       | ed p |          | -,       |            |         | 1       |            |            |            |          |          | ,                |           | _,        |          |          |             |          |      |          |          | ,        |         |             | ,  |             |               |           |
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| SI          | M                               | U    | 7     |      | L        | E        |            | <u></u> | E       | 2          | τ          | $\epsilon$ | 6        | 2        |                  |           | <u>.</u>  |          | _        |             |          |      |          |          |          |         |             | L  |             |               |           |
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| Signatur    | e                               |      |       |      |          |          |            |         |         |            |            |            |          |          | Offi             | ciol      | Posi      | tion     |          |             |          |      |          |          |          |         |             |  |             |               |           |
|             |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          | F                | 1         | Ν         | A        | ~        | C           | E        |      | m        | 4        | ~        | A       | 9           | €  | R           | П             | $\neg$    |
|             |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          |                  | Π         |           | <u> </u> |          |             | Γ        | Ţ -  | ]        |          |          |         |             |  |             |               | 司         |
| Full nom    | Full name of authorised person: |      |       |      |          |          |            |         |         |            |            |            |          |          |                  |           |           | '        |          | <b></b>     | <b>-</b> | 1    |          | 4        |          |         |             |  | اـــــا     |               |           |
| N 1         |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          | 1                | T         | T         | T        |          |             |          |      | Γ        |          | Π        | Π       | Γ           |  | П           |               |           |
|             |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          | T                | Τ         | T         | <u> </u> | <u> </u> |             |          |      | <u> </u> |          | ,        | ·       | <u></u>     | <u>                                       </u> |             | 一             | $\exists$ |
| Signatur    | Signature                       |      |       |      |          |          |            |         |         |            |            |            |          |          |                  | ciol      | Posi      | tion     | <u> </u> | <b></b>     | 1        | .L   | i        |          | 1        |         | ــــــ      | l  | Li          | 1             |           |
| [           |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          |                  |           | ر<br>ا    | R        | E        | 7           | Δ        | R    | <u> </u> |          | 7        | 0       |             |  |             | $\neg$        | $\neg$    |
| •           |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          |                  |           | u         | ,        | ,        | )           | L        |      | <b>.</b> | <br>     |          |         |             |  |             | $\overline{}$ | $\dashv$  |
|             |                                 |      |       |      |          |          |            |         | -       |            |            |            |          | _]       |                  | <u></u>   | <u>u</u>  | 1,0      |          | <u></u>     |          | ۲    | L        | l        | l        |         | نـــا       |  | !           |               | لــــ     |
| Full nam    |                                 |      |       | -    |          | on:      | Τ <u>α</u> |         |         | Τ_         | _          | 1 -        | T-       | T-       | ! ^              | T         | 1_        | 1        | :        | <del></del> |          |      | ī        |          |          |         |             | r -  | <del></del> |               | _         |
| GR          | ٤                               | G    | 0 1   |      | <u>Y</u> | <u> </u> | LR.        | ర       | ٤       | 2          | ] <u>-</u> | 2 ز        | ]A       | m        | P                | 2         | 0         | ~        |          | <u> </u>    | <u> </u> | L    | <u> </u> | <u> </u> |          |         | <u>_</u>    | <u>L</u>                                       |             |               |           |
|             |                                 |      |       |      |          | L_       | <u></u>    |         | <u></u> | <u> </u>   | 1          | <u> </u>   | <u></u>  |          |                  | L.,       | <u>L.</u> | l        | L        |             | L        | Ĺ    |          | <u></u>  | <u></u>  |         | L           |  | ll          |               |           |
| Signatur    | e                               |      |       |      |          |          |            |         |         |            |            | _          |          | ٦-       |                  | cial<br>1 | Posi      | ·        | 1        |             |          |      |          |          |          |         | <del></del> |  |             | <del></del>   |           |
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| Full nom    | e of                            | auth | orise | d b  | ers      | on:      |            |         |         |            |            |            |          |          |                  |           |           |          |          |             |          |      |          |          |          |         |             |  |             |               |           |
|             |                                 |      | I     |      |          |          |            |         |         | <u>L</u> . |            |            |          | <u>l</u> | <u> </u>         | <u> </u>  |           |          |          |             |          |      |          |          |          |         |             |  |             | $\prod$       |           |
|             |                                 |      |       |      |          |          |            |         |         |            |            |            | <u> </u> | <u> </u> |                  |           |           |          |          |             |          |      |          |          |          |         |             |  |             |               |           |
| Signatur    | į.                              |      |       |      |          |          |            |         |         |            |            |            |          |          | Offic            | cial      | Posit     | ion      |          |             |          |      |          |          |          |         |             |  |             |               |           |
|             |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          |                  |           |           |          |          |             |          |      |          |          |          |         |             |  |             | $\Box$        |           |
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| The signo   | tura                            | e ai |       |      | ic c     | hac      | t orc      |         |         |            |            |            | •••      | !        |                  |           |           |          |          | <b>-</b>    |          |      | ,        |          |          |         |             |  | . 1         |               | $\neg$    |
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|             |                                 |      |       |      |          |          |            |         |         |            |            |            |          | J        |                  |           | <u></u>   |          |          |             |          |      |          |          |          |         |             |  |             |               |           |
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|             |                                 |      |       |      |          |          |            |         |         |            | -          |            |          | e used   |                  |           |           |          |          |             |          |      | utho     | risec    | l sigr   | ator    | ies s       | ubm  | itted:      | L             |           |
| For Bank/   | Man                             | date | Cent  | re u | se c     |          |            |         |         |            | iust l     | oe de      | toel     | hed pi   | ior to           | sen       | ding (    | ιο Μα    | ondo     | le Ce       | ntre.    |      |          |          |          |         |             |  |             |               |           |
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|             |                                 |      |       |      |          |          |            |         |         |            |            |            | Ļ        | <u>i</u> |                  |           |           |          |          |             |          | L    |          | <u> </u> | <u> </u> | <u></u> |             | $\perp$  | _           |               |           |
|             |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          |                  |           |           |          |          | L           |          | ]    |          |          |          |         |             |  |             | $\perp$       | _         |
|             |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          |                  |           |           |          |          |             |          |      |          |          |          |         |             |  |             |               |           |
| Verified by |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          | Signature ID No. |           |           |          |          |             |          |      |          |          |          |         |             |  |             |               |           |
| D14 1       |                                 |      |       |      |          |          |            |         |         |            |            |            |          |          |                  |           |           |          |          |             |          |      |          |          |          |         |             |  |             |               |           |
| RM Location | on _                            |      |       |      |          |          |            | -       | -       | <u> </u>   |            |            |          |          |                  |           | _         |          |          |             | ſ        | nori | e No.    |          |          |         |             |  |             |               | _         |
| Date of co  | mple                            | ion_ |       |      |          |          |            |         |         |            |            |            |          |          |                  |           |           |          |          |             |          |      |          |          |          |         |             |  |             |               |           |