

Signing Authority Delegation Form

What this form is for: This form is to be completed by an Authorized Signatory who wishes to delegate signing authority to another position.

Instructions: Complete this form and attach it to the Contract Cover Sheet for any contract signed under delegation.

Retention: This form is to be stored by Financial Services together with the Contract Cover Sheet and contract for as long as the contract needs to be retained.

I, the Authorized Signatory, delegate signing authority to the delegate on the following terms. I have read the Contracts and Signing Authority Policy. I understand that delegating my signing authority does not cause me to relinquish my signing authority and that I remain ultimately responsible for contracts signed by the delegate.

Name	Signature
Position	Date (YYYYMMDD)

Delegate position	
Length of delegation	<input type="checkbox"/> ongoing <input type="checkbox"/> temporary (write date range below as YYYYMMDD – YYYYMMDD)
Nature of delegation	<input type="checkbox"/> general I delegate all signing authority which I may lawfully delegate. <input type="checkbox"/> specific I delegate signing authority as described below.