



HEAD OF DEPARTMENT SPECIMEN SIGNATURE FORM

Please refer to the Financial Delegations Policy at: <https://www.otago.ac.nz/administration/policies/financial-delegations-policy>

(Please use **BLACK** Ball Point Pen and **BLOCK PRINT**)

Name of Cost Centre:

Division

Cost Centre Ledger Code:
(example: WB)

Name of Head of Cost Centre:

I agree with all the Delegated Signing Authorities that existed at the date of my appointment as Head of Department.

Yes

(Please tick one box)

No

Signature of Head of Cost Centre: Please make your signature as big as possible (Please use a **BLACK** ball point pen)

Date effective from:

University ID:

Authorised by Senior Leadership team member relevant to this cost centre (please include full name and signature)

Date signed

Upon completion of this form, the signed form needs to be scanned and emailed to financial.accountant@otago.ac.nz. Also kindly ensure that your email confirms the full name of current HOD whose delegation for this cost centre should be removed.