

Application to Register a Representative to act on your behalf

Office use only: First customer account listed

Please answer all the questions using CAPITAL LETTERS in black or blue ink.

SECTION A – Representative's capacity

Are you a solicitor acting in a professional capacity? Yes No

Solicitor's Date of Birth

If no, please state the reason why a representative is required

Overseas Working away (long term) In hospital (long term) Elderly/Infirm Financial Planning In prison

Other (please state)

SECTION B – Personal details (Donor)

Title (Mr/Mrs/Miss/Ms, etc)

Forename(s)

Surname

Current Address

Post town

County

Postcode

Time at current address

 Years Months

If the donor has lived at the address above for less than three years, please give all previous addresses for the last three years and how long they lived there for. (You may need to use a separate piece of paper. If so, please attach it to this form.) This should include any address outside the UK.

Country of residence e.g. UK

If you are employed, what is your occupation?

SECTION C – Personal details (Representative)

Representative

Title (Mr/Mrs/Miss/Ms, etc)

Forename(s)

Surname

Date of Birth

Address

Post town

County

Postcode

Home telephone number (including STD code)

Mobile number (if applicable)

Work number (including STD code)

Previous address

Post town

County

Postcode

Time at previous address

Date of Birth

Nationality e.g. British

Home telephone number (including STD code)

Mobile number (if applicable)

Work number (including STD code)

Email address

2nd Representative (Applicable for single named savings accounts only)

Title (Mr/Mrs/Miss/Ms, etc)

Forename(s)

Surname

Date of Birth

Address

Post town

County

Postcode

Home telephone number (including STD code)

Mobile number (if applicable)

Work number (including STD code)

Representative continued

Email address

Country of residence e.g. UK

Nationality e.g. British

If you are employed, what is your occupation?

2nd Representative continued

Email address

Country of residence e.g. UK

Nationality e.g. British

If you are employed, what is your occupation?

Please advise which address will be used as the main correspondence address

Donor

Representative

2nd Representative

SECTION D – Account details

We will register the representative on all accounts held with us. If you have any special requirements or services, please note in the space below.

Please include any appropriate Roll Number(s), Sort Code(s), Account Number(s), Credit Card number(s), Policy Number(s), Share Reference Number(s) where applicable.

SECTION E – Facilities required

Please note we can issue a maximum of two cards and cheque books on each bank account. Please tick if you require any of the following:

Customer (Donor)

Cheque Book

Debit Cards

Online Banking Service registration*

Representative 1

Cheque Book

Debit Cards

Online Banking Service registration*

*The Online Banking Service is not available for Court of Protection registered customers or those acting on their behalf.

Further documentation

As part of our product opening process, by law, we have to confirm the name and address of those who deal with us. To help us to do this, please read our leaflet 'About You – Personal Information and Your Identity' which will explain what documents you should provide.

By submitting this application, you agree to the following declaration and that we can use your information in the ways described in the Data Protection Notice below.

I have never been bankrupt or insolvent or entered into any arrangements with creditors, or been the subject of any decree or judgement for debt outstanding.

DATA PROTECTION NOTICE

To see how we use your information, please read the privacy statement on our website www.halifax.co.uk/privacy or www.bankofscotland.co.uk/privacy, or ask for a printed copy of this. We may search credit reference and fraud prevention agencies to check your identity and help us make decisions. The agency keeps a record of our search, whether or not your application proceeds. Our search is not seen or used by lenders to assess your ability to obtain credit.

First representative's specimen signature

Date

Second representative's specimen signature (if applicable)

Date

Customer checklist

In order to process your application, please ensure that you have completed and signed the above form, and have the following documentation:

- Documentation to verify your identity and address – see 'About you – Personal Information and Your identity' leaflet. Identification may need to be provided by both the donor and representative, unless you are a solicitor acting in a professional capacity.
- Original legal mandate, or copy certified from a solicitor.

If returning directly via post, please send this form together with any legal documents to Power of Attorney, PO Box 692, Leeds LS1 9EJ.