

## Application to add a Third Party Mandate or Registered Power of Attorney

Please fill in the form using BLOCK CAPITALS and black ink. Tick any boxes which apply.

If you are adding a Third Party onto your account please complete Section 1 only. If you are registering a Power of Attorney please complete Section 2 only.

**1. Level of third party:**

Please refer to the Third Party Matrix and the Third Party Mandate Explained.

**1.A Account details and authorisation**

|  |   |
|--|---|
| Full name of first account holder<br><input style="width: 95%; height: 25px;" type="text"/>                  | First account number<br><input style="width: 80%; height: 25px;" type="text"/>                  |
| Full name of second account holder (if applicable)<br><input style="width: 95%; height: 25px;" type="text"/> | Second account number (if applicable)<br><input style="width: 80%; height: 25px;" type="text"/> |
| Full name of third account holder (if applicable)<br><input style="width: 95%; height: 25px;" type="text"/>  | Third account number (if applicable)<br><input style="width: 80%; height: 25px;" type="text"/>  |
| Full name of fourth account holder (if applicable)<br><input style="width: 95%; height: 25px;" type="text"/> | Fourth account number (if applicable)<br><input style="width: 80%; height: 25px;" type="text"/> |

I/We hereby authorise and request Chorley Building Society to permit the person detailed in section 1B of this form to operate my/ our accounts (as listed above). I/We understand that a person with a Third Party Mandate has the authorisation to be given information regarding the account(s) I/We further understand that the Third Party Mandate holder's signature shall be a complete and binding discharge and I/we agree that this authority shall remain in force until receipt of your acknowledgement of any notice of revocation given by me/us.

**All signatories to sign:**

|   |   |
|---|---|
| First account holder<br><input style="width: 95%; height: 25px;" type="text"/>  | Third account holder (if applicable)<br><input style="width: 95%; height: 25px;" type="text"/>  |
| Second account holder (if applicable)<br><input style="width: 95%; height: 25px;" type="text"/>   | Fourth account holder (if applicable)<br><input style="width: 95%; height: 25px;" type="text"/> |
| Date<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |   |

**1.B Third Party details**

|  |   |
|--|---|
| Title<br><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms<br><input style="width: 200px; height: 25px;" type="text"/> Other  | Address<br><input style="width: 95%; height: 40px;" type="text"/>   |
| Forename/s in full<br><input style="width: 95%; height: 25px;" type="text"/>   | Relationship to account holder<br><input style="width: 95%; height: 25px;" type="text"/>  |
| Surname<br><input style="width: 95%; height: 25px;" type="text"/>  | Signature of third party<br><input style="width: 95%; height: 40px;" type="text"/>  |
| Date of birth<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Date<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| Telephone<br><input style="width: 95%; height: 25px;" type="text"/>  |   |
| Email address<br><input style="width: 95%; height: 25px;" type="text"/>  |   |

The proposed Third Party Mandate holder should return this form to Chorley Building Society together with the required forms of identification. Please refer to the Society's Identification Criteria which is available in branch or at [www.chorleybs.co.uk](http://www.chorleybs.co.uk)

## 2. Adding a Registered Power of Attorney

### 2.A Authorisation to accept a Registered Power of Attorney

The original or certified copy of the Registered Power of Attorney must accompany this application.

The proposed Power of Attorney holder should return this form to Chorley Building Society together with the required forms of identification. Please refer to the Society's Identification Criteria available in branch or at [www.chorleybs.co.uk](http://www.chorleybs.co.uk)

How many Attorney's do you wish to add  Are the Attorney's authorised to act independently of each other

|  |                                       |
|--|---------------------------------------|
| Full name of first account holder                  | First account number                  |
| <input type="text"/>                               | <input type="text"/>                  |
| Full name of second account holder (if applicable) | Second account number (if applicable) |
| <input type="text"/>                               | <input type="text"/>                  |
| Full name of third account holder (if applicable)  | Third account number (if applicable)  |
| <input type="text"/>                               | <input type="text"/>                  |
| Full name of fourth account holder (if applicable) | Fourth account number (if applicable) |
| <input type="text"/>                               | <input type="text"/>                  |

I/We hereby apply to add the Registered Power of Attorney dated         to the above account(s).

### 2.B Attorney details and authorisation

To assist us to meet our regulatory requirements please complete the following questions. Failure to answer these questions may result in the refusal of your application.

|               |   |                                |   |
|---------------|---|--------------------------------|---|
| Title         | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms  | Address                        | <input type="text"/>  |
|               | <input type="text"/> Other  |                                | <input type="text"/>  |
| Forename(s)   | <input type="text"/>  | Relationship to account holder | <input type="text"/>  |
| Surname       | <input type="text"/>  | Signature of attorney          | <input type="text"/>  |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date                           | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Telephone     | <input type="text"/>  |                                |   |
| Email address | <input type="text"/>  |                                |   |

|               |   |                                |   |
|---------------|---|--------------------------------|---|
| Title         | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms  | Address                        | <input type="text"/>  |
|               | <input type="text"/> Other  |                                | <input type="text"/>  |
| Forename(s)   | <input type="text"/>  | Relationship to account holder | <input type="text"/>  |
| Surname       | <input type="text"/>  | Signature of attorney          | <input type="text"/>  |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date                           | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Telephone     | <input type="text"/>  |                                |   |
| Email address | <input type="text"/>  |                                |   |

|               |   |                                |   |
|---------------|---|--------------------------------|---|
| Title         | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms  | Address                        | <input type="text"/>  |
|               | <input type="text"/> Other  |                                | <input type="text"/>  |
| Forename(s)   | <input type="text"/>  | Relationship to account holder | <input type="text"/>  |
| Surname       | <input type="text"/>  | Signature of attorney          | <input type="text"/>  |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date                           | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Telephone     | <input type="text"/>  |                                |   |
| Email address | <input type="text"/>  |                                |   |

I/We request Chorley Building Society to operate the accounts as listed above under the Power of Attorney provided with this application. I/We understand that a person with a Registered Power of Attorney has authorisation to fully operate the above account(s) on behalf of:

|                      |                      |   |   |
|----------------------|----------------------|---|---|
| Account holdername   | <input type="text"/> | Date  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Attorney's Signature | <input type="text"/> | Second attorney's signature (if applicable) | <input type="text"/>  |
|                      |                      | Third attorney's signature (if applicable)  | <input type="text"/>  |

VI-01-16