

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

First account number

Full name of second account holder (if applicable)

Second account number (if applicable)

Full name of third account holder (if applicable)

Third account number (if applicable)

Full name of fourth account holder (if applicable)

Fourth account number (if applicable)

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

Third account holder (if applicable)

Second account holder (if applicable)

Fourth account holder (if applicable)

Date

1.B Third Party details

Title

 Mr Mrs Miss Ms
 Other

Address

Forename/s in full

Surname

Relationship to account holder

Date of birth

Signature of third party

Telephone

Email address

Date

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

2. Adding a Registered Power of Attorney / Court of Protection

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

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

STAFF USE ONLY
 Customer Advisor: Date: Checked by: Date:

VT-04-2017