



**This form can be completed electronically, Saved and printed.  
If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes that apply.**

**1. Personal Details**

**1st Applicant**

Surname

Title  Mr  Mrs  Miss  Ms  Other

Forename(s) in full

Home telephone

Work telephone

Mobile Number

Email

Preferred correspondence  Email  Post  Phone

Preferred contact time  AM  PM

Permanent address   
  
  
Postcode

Date of birth

Marital status

Are you related to any other customer at the Society?  Yes  No

Relationship

**2nd Applicant**

Surname

Title  Mr  Mrs  Miss  Ms  Other

Forename(s) in full

Home telephone

Work telephone

Mobile Number

Email

Preferred correspondence  Email  Post  Phone

Preferred contact time  AM  PM

Permanent address   
  
  
Postcode

Date of birth

Marital status

Are you related to any other customer at the Society?  Yes  No

Relationship

**2. Current employment status**

**1st Applicant**

Occupation

Sector

Name and address of your current employer   
  
  
Postcode

How long have you worked for this employer

If employed or self employed for less than two years please provide previous job history

Annual Income

Other Income

Where other income is detailed please confirm where this is from

**2nd Applicant**

Occupation

Sector

Name and address of your current employer   
  
  
Postcode

How long have you worked for this employer

If employed or self employed for less than two years please provide previous job history

Annual Income

Other Income

Where other income is detailed please confirm where this is from

### Self Employed Only

#### 1st Applicant

Gross annual share of net income from partnership

Gross share of net profits for the most recent accounting period

#### 2nd Applicant

Gross annual share of net income from partnership

Gross share of net profits for the most recent accounting period

### 3.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

Full name of second account holder (if applicable)

Full name of third account holder (if applicable)

Full name of fourth account holder (if applicable)

First account number

Second account number (if applicable)

Third account number (if applicable)

Fourth account number (if applicable)

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

### 3.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  Mr  Mrs  Miss  Ms  Other  Address

Forename(s)  Relationship to account holder

Surname  Signature of attorney

Date of birth         Date

Telephone

Email address

### Employment status

Occupation

Sector

Name and address of your current employer

Postcode

How long have you worked for this employer

If employed or self employed for less than two years please provide previous job history

Annual Income

Other Income

Where other income is detailed please confirm where this is from

#### Self Employed Only

Gross annual share of net income from partnership

Gross share of net profits for the most recent accounting period



# Application to add a Registered Power of Attorney

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Address	<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"/> DD <input type="text"/> MM <input type="text"/> YYYY	Date	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
Telephone	<input type="text"/>		
Email address	<input type="text"/>		

**Employment status**

Occupation	<input type="text"/>	Annual Income	<input type="text"/>
Sector	<input type="text"/>	Other Income	<input type="text"/>
Name and address of your current employer	<input type="text"/>	Where other income is detailed please confirm where this is from	<input type="text"/>
Postcode	<input type="text"/>		
How long have you worked for this employer	<input type="text"/>		
If employed or self employed for less than two years please provide previous job history	<input type="text"/>	<b>Self Employed Only</b>	
		Gross annual share of net income from partnership	<input type="text"/>
		Gross share of net profits for the most recent accounting period	<input type="text"/>

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Address	<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"/> DD <input type="text"/> MM <input type="text"/> YYYY	Date	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
Telephone	<input type="text"/>		
Email address	<input type="text"/>		

**Employment status**

Occupation	<input type="text"/>	Annual Income	<input type="text"/>
Sector	<input type="text"/>	Other Income	<input type="text"/>
Name and address of your current employer	<input type="text"/>	Where other income is detailed please confirm where this is from	<input type="text"/>
Postcode	<input type="text"/>		
How long have you worked for this employer	<input type="text"/>		
If employed or self employed for less than two years please provide previous job history	<input type="text"/>	<b>Self Employed Only</b>	
		Gross annual share of net income from partnership	<input type="text"/>
		Gross share of net profits for the most recent accounting period	<input type="text"/>



# Application to add a Registered Power of Attorney

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:	<input type="text"/>	Date:	<input type="text"/>	Checked by:	<input type="text"/>	Date:	<input type="text"/>
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### Your Personal Information and what we do with it

We are a data controller of your personal information. The way that we process your personal information is described in our Privacy Notice. This information is available on our website [www.chorleybs.co.uk/privacy](http://www.chorleybs.co.uk/privacy)

V2-10-2018