



# Application to add a Third Party Mandate

**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

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

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



# Application to add a Third Party Mandate

## 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

## 3a. 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

### 3b. Third Party details

Title

 Mr  Mrs  Miss  Ms  Other

Address

Forename/s in full

Postcode

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](http://www.chorleybs.co.uk)



# Application to add a Third Party Mandate

## 3c. Third Party current employment status

### 1st Applicant

Occupation

Annual Income

Sector

Other Income

Name and address of your current employer

Where other income is detailed please confirm where this is from

Postcode

How long have you worked for this employer

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

### Self Employed Only

#### 1st Applicant

Gross annual share of net income from partnership

Gross share of net profits for the most recent accounting period

STAFF USE ONLY

Customer Advisor:

Date:

Checked by:

Date:

### 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)

