

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

**1.B Third Party details**

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text"/> Other	Address <input type="text"/>
Forename/s in full <input type="text"/>	Relationship to account holder <input type="text"/>
Surname <input type="text"/>	Signature of third party <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"/>	

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 / 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](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		
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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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:

#### 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)