

Power of Attorney Registration Form

As part of our registration procedures we carry out an electronic ID check with credit reference agencies on all your addresses over the last 3 years. Credit reference agencies may make other enquiries necessary for identity checks and may make the results of our search available to other financial institutions. You have the right of access to your personal records held by the credit reference agencies and we are able to supply their names and address details on request.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. Further details explaining how the information held by fraud prevention agencies may be used, can be obtained by writing to Customer Care The Co-operative Bank plc 1 Balloon Street, Manchester M60 4EP

Account Holder Personal and Contact Details

Surname		Title (Mr/Mrs/Ms/Miss/Dr/etc)	
Forename(s)			
Previous names		Date Changed	
Home Telephone (inc. dialling code)		Mobile Telephone	
Co-operative Bank Sort Code		Co-operative Bank Account Number	
Date of Birth			

Attorney/Deputy Personal and Contact Details

(Use multiple registration forms if there is more than one attorney)

Title (Mr/Mrs/Ms/Miss/Dr/etc)			
Surname			
Forename(s)			
Previous names		Date Changed	
Date of Birth			
Home Telephone (inc. dialling code)			
Country of Nationality			
Mobile Telephone			
Do you hold a Co-operative Bank account (this includes accounts held with Smile & Britannia)? Y/N – if yes complete the box below.			
Co-operative Bank Sort Code			
Co-operative Bank Account Number Code / Britannia Account number			

Attorney/Deputy Address History

Please list below all the address's you have lived at over the last 3 years below:

Current address	Date From	Date To	Previous address 1	Date From	Date To
Postcode			Postcode		

Previous address 2	Date From	Date To	Previous address 3	Date From	Date To
Postcode			Postcode		

Registration Requirements

Have you provided the Power of Attorney? (We will take a copy of the document)	No	Yes	
Is the Attorneys current address the same as the details quoted in the Power of Attorney document? (Provide details if not)	No	Yes	
Is a bank card and/or cheque book required in the attorneys name? (If "Yes" please advise the name to appear on the card and/or cheque book)	No	Yes	
Correspondence address Please advise which address correspondence should be sent to			

Please note, if Power of Attorney is held in a Joint capacity only, then all Attorneys named on the document will need to sign to authorise any changes/requests to be made (i.e. – change of address, debit cards/cheque books to be issued).

Signature: _____

Name: _____

Date: _____