

# Power of Attorney/Court of Protection Registration Form

As part of our registration procedures we may carry out an electronic ID check on all parties. A record of this check will be held by credit reference agencies, however it will not be shared with other financial institutions and it will not adversely affect upon your ability to obtain credit. 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.

Please complete all of the relevant fields and only send the Power of Attorney document to us when registration on the account is required.

## 1) General Information

<b>Are multiple Attorneys/Deputies to be added to the account(s)?</b> A separate registration form must be completed for each attorney/deputy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NB: Where a Power of Attorney is held in a joint capacity (two or more people acting together) all attorneys named in the document will need to sign a covering letter to authorise any changes or requests to be made (such as change of address or request for debit cards or cheque books). This is not required where the Power of Attorney is held jointly and severally (two or more people acting independently).		
<b>How long is the Power of Attorney to be registered for?</b> E.g. Indefinitely, or for 12 months?	_____	

## Please select the type of Document from the list below:

<b>Ordinary/General Power of Attorney</b> - This cannot be used where the account holder has lost mental capacity. The account holder will need to sign the declaration on page 3.	<input type="checkbox"/>
<b>Lasting Power of Attorney</b> - We can only accept Lasting Power of Attorney documents for Financial & Property affairs. - Where a Lasting Power of Attorney is being registered and the document states it is to be registered only when the customer has lost mental capacity, we will require proof from a medical professional that this is the case.	<input type="checkbox"/>
<b>Enduring Power of Attorney</b> Pre 1 October 2007	<input type="checkbox"/>
<b>Power of Attorney in Scotland</b>	<input type="checkbox"/>
<b>Power of Attorney in Northern Ireland</b>	<input type="checkbox"/>
<b>Court of Protection</b>	<input type="checkbox"/>

## 2) Account Holder/Donor Information

**Please advise whether the account holder has lost the Mental Capacity to manage their financial affairs.**  
If **Yes** we will cancel all cards and cheque books where applicable and correspondence will be sent to an alternative address which you can provide on page 3. Yes  No   
If **No** the account holder will retain access to the account.

## Account Holder Personal and Contact Details

Title		Date of birth	_____
Forename(s) (inc. middle name(s) and any known aliases)		Nationality(ies)	
Surname		Occupation	
Home telephone number (inc. area code)	_____	Mobile telephone number	_____
Preferred contact telephone number and contact time. (Between Mon-Fri 8am-4pm)	_____		

## Account Holder Address

Current Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Date From \_\_\_\_\_

Previous Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Date From \_\_\_\_\_ Date To \_\_\_\_\_

**Account Holder Existing Account Information**

Please confirm the account holder's existing Co-operative Bank/smile account number

Sort Code    -    -

Account Number

Please confirm the account holder's existing Britannia account number

Account Number

**Is the account holder a UK Resident for Tax purposes?**

Yes includes retired people, children and anyone who has been issued with a National Insurance number. If you are unsure of your tax status, please refer to the government website [gov.uk/tax-foreign-income/residence](http://gov.uk/tax-foreign-income/residence)

Yes

No

**Is the account holder a United States (US) Citizen?**

The term US Citizen means: an individual born in the United States, an individual whose parent is a United States citizen, a former alien who has been naturalized as a United States citizen, or an individual born in Puerto Rico, Guam or United States Virgin Islands. If Yes, add their Tax Identification Number here:

Yes

No

**Is the account holder a resident outside the UK for Tax purposes?**

Yes

No

If Yes complete the details of their Tax residencies and associated references below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax Identification Number (TIN): Enter the tax reference number that their country of residence for tax purposes has issued them (this includes TIN, a National Insurance Number (Jersey, Guernsey or IoM), a social security number or a resident registration number.

**3) Attorney/Deputy Information**

**Are you a Local Authority, Accountant or Solicitor (individual / firm) acting in a professional capacity?**

If Yes please complete the Local Authority, Accountant or Solicitor box (3.1) below.  
If No please complete the Personal Information (Attorney/Deputy) box (3.2) below.

Yes

No

**3.1 - Local Authority, Accountant or Solicitor (individual/firm)**

Personal Name or Firm Name (as applicable):

Business address:

\_\_\_\_\_  
\_\_\_\_\_

**3.2 - Personal Information (Attorney/Deputy):**

Title		Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Forename(s) (inc. middle name(s))		Nationality(ies)	
Surname		Home telephone number (inc. area code)	<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"/>
Relationship to Account Holder		Mobile telephone 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"/>
We'll try to call you and let you know when the registration is complete. Please confirm your preferred contact telephone number and time. (Between Mon-Fri 8am-4pm)		<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/Deputy Address History - Provide details for last 3 years**

Current Address \_\_\_\_\_

Postcode       Date From

Previous Address 1 \_\_\_\_\_

Postcode       Date From       Date To

Previous Address 2 \_\_\_\_\_

Postcode       Date From       Date To

Previous Address 3 \_\_\_\_\_

Postcode       Date From       Date To

## Attorney/Deputy Existing Account Information

<b>Is the attorney/deputy an existing Co-operative Bank or smile customer?</b> If <u>Yes</u> please confirm your Sort Code and Account Number	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sort Code <input style="width: 100%;" type="text"/>	Account Number <input style="width: 100%;" type="text"/>
<b>Is the attorney/deputy an existing Britannia customer?</b> If <u>Yes</u> please confirm your Account Number	Yes <input type="checkbox"/> No <input type="checkbox"/>	Account Number <input style="width: 100%;" type="text"/>	

**Future Correspondence: Please Note - Correspondence can only be sent to ONE address.**

- Correspondence on a joint account will be sent to the joint account holder. To amend this we need written authority from the joint account holder.
- Where the account holder has lost mental capacity, all correspondence will be sent to the Deputy or Attorney.

**Is Correspondence to go to the account holder?** Yes  No

If No, please confirm an alternative address for correspondence below:

\_\_\_\_\_ Postcode

**For Co-operative Bank accounts, duplicate statements can be sent to an attorney if the account holder chooses to continue receiving their correspondence. Would the attorney like duplicate statements to be sent to an alternative address?** Yes  No

If Yes provide address below:

\_\_\_\_\_ Postcode

<b>For Co-operative Bank accounts, does the attorney/deputy require a Debit Card?</b> If <u>Yes</u> confirm the Sort Code and Account Number you would like this to be issued on. (We are not able to issue Visa Credit Cards)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sort Code <input style="width: 100%;" type="text"/> Account Number <input style="width: 100%;" type="text"/>
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<b>For Co-operative Bank accounts, does the attorney/deputy require a Cheque Book?</b> If <u>Yes</u> confirm the Sort Code and Account Number you would like this to be issued on. (Cheque books are not available on Cashminder accounts)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sort Code <input style="width: 100%;" type="text"/> Account Number <input style="width: 100%;" type="text"/>
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## 4) Declarations

**Account Holder Declaration:** For all Ordinary/General Power of Attorney requests, the account holder must sign the declaration below.  
**By signing this registration form I authorise the Attorney as named on this document to operate any existing accounts and open new accounts with The Co-operative Bank, smile or Britannia.**

Full Name: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Date <input style="width: 100px;" type="text"/>	Signature: <input style="width: 100%; height: 100px;" type="text"/>
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**Attorney/Deputy Declaration:** To be signed by the attorney/deputy in all cases.  
**By signing this registration form**

- I Confirm that My Personal Information contained in the Attorney/Deputy details section of this document is true and correct and will inform the Bank without delay, of any changes in my circumstances affecting the information in this form.
- I, the person whose signature appears on this form, declare that I have been appointed to act as Attorney/Deputy as evidenced by the document provided, for the above named account holder.
- In my capacity as Attorney/Deputy I will observe the Terms and Conditions of the Account. These can be found by visiting [co-operativebank.co.uk](http://co-operativebank.co.uk) or giving us a call.

Full Name: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Date <input style="width: 100px;" type="text"/>	Signature: <input style="width: 100%; height: 100px;" type="text"/>
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