The co-operative bank
It's good to be different

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

Are multiple Attorneys/Deputies to be added to the account(s)? A separate registration form must be completed for each attorney/deputy.	Yes ☐	No ☐

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).

How long is the Power of Attorney to be registered for? E.g. Indefinitely, or for 12 months?	_____ _____

Please select the type of Document from the list below:	
Ordinary/General Power of Attorney - This cannot be used where the account holder has lost mental capacity. The account holder will need to sign the declaration on page 3.	☐
Lasting Power of Attorney - 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.	☐
Enduring Power of Attorney Pre 1 October 2007	☐
Power of Attorney in Scotland	☐
Power of Attorney in Northern Ireland	☐
Court of Protection	☐

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. If No the account holder will retain access to the account.	Yes ☐	No ☐

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**	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	
Forename(s) (inc. middle name(s))		Nationality(ies)	
Surname		Home telephone number (inc. area code)	
Relationship to Account Holder		Mobile telephone number	
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)			

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

Is the attorney/deputy an existing Co-operative Bank or smile customer? If Yes please confirm your Sort Code and Account Number	Yes ☐ No ☐	Sort Code ☐☐–☐☐–☐☐	Account Number ☐☐☐☐☐☐☐☐
Is the attorney/deputy an existing Britannia customer ? If Yes please confirm your Account Number	Yes ☐ No ☐	Account Number ☐☐☐☐☐☐☐☐☐	

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

For Co-operative Bank accounts, does the attorney/deputy require a Debit Card? If Yes 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 ☐ No ☐	Sort Code ☐☐–☐☐–☐☐ Account Number ☐☐☐☐☐☐☐☐
For Co-operative Bank accounts, does the attorney/deputy require a Cheque Book? If Yes confirm the Sort Code and Account Number you would like this to be issued on. (Cheque books are not available on Cashminder accounts)	Yes ☐ No ☐	Sort Code ☐☐–☐☐–☐☐ Account Number ☐☐☐☐☐☐☐☐

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: Date	Signature:

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 or giving us a call.**

Full Name: Date	Signature:

The Co-operative Bank p.l.c. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (No. 121885). The Co-operative Bank, Platform, smile and Britannia are trading names of The Co-operative Bank p.l.c., P.O. Box 101, 1 Balloon Street, Manchester M60 4EP. Registered in England and Wales No.990937. Credit facilities are provided by The Co-operative Bank p.l.c. and are subject to status and our lending policy. The Bank reserves the right to decline any application for an account or credit facility. The Co-operative Bank p.l.c. subscribes to the Standards of Lending Practice which are monitored by the Lending Standards Board.

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