

Application to Add Attorney to an Account

Account number
Branch

Branch use only									



For full terms and conditions and identification requirements please refer to the appropriate leaflets. Please complete in ink all sections of the form in BLOCK CAPITALS or tick where boxes are provided

I/We apply to register as attorney(s) on the following account(s).
The Enduring Power of Attorney or Lasting Power of Attorney document (or certified copy) must accompany this form

Please give account numbers below:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Holder's Details

Title Surname

Forenames (in full) Date of birth

Address for correspondence (if different)

Postcode

Interest options
(leave blank if interest is to continue being paid as present)

1. Added to the account 2. Transferred to Society account number

1st Attorney's Details

Do you hold any other accounts with the Society? If so, please enter your account number here:

Title Surname

Forenames (in full) Date of birth

Permanent residential address

Postcode Time at current address Telephone (home)

Telephone (work or mobile) Email

Status Single Married Civil partnership Living with partner Separated/divorced Widowed

Employment status Employed Self employed Not employed Retired Student

Occupation Employer

2nd Attorney's Details

Do you hold any other accounts with the Society? If so, please enter your account number here:

Title Surname

Forenames (in full) Date of birth

Permanent residential address

Postcode Time at current address Telephone (home)

Telephone (work or mobile) Email

Status Single Married Civil partnership Living with partner Separated/divorced Widowed

Employment status Employed Self employed Not employed Retired Student

Occupation Employer

As a regulated financial services organisation, we have a duty of care to comply with current money laundering regulations. We are required to establish the intended use of any new account opened and would ask you to provide the following information.

Reason for opening account 1. Regular savings 2. Lump sum 3. Salary Purpose (eg car)

Frequency of deposits (eg weekly, monthly) Approximate amount £

Investment on account opening Type of funds Cash Cheques Combined Transfer

Origin of funds (ie where have the funds come from) Anticipated level of further transactions Regularly Occasionally Rarely

Data Protection Act

You may make searches about me at credit reference agencies who will supply you with information, including information from the Electoral Register, for the purpose of verifying my identity. The agencies will record details of the search whether or not my application proceeds. The searches will not be seen or used by lenders to assess my ability to obtain credit. You may use scoring methods to assess my application and to verify my identity. Credit searches and other information which is provided to you and/or the credit reference agencies, about me and those with whom I am linked financially, may be used by the Society and other companies, if I, or other members of my household, apply for other facilities including insurance applications and claims. Alternatively, you may ask me to provide physical forms of identification.

Any information about me and my account may be shared within the Society to manage my account, make lending decisions, collect debts, trace debtors and prevent fraud and money laundering. It may also be shared for business analysis and market research purposes. I understand that you will update all of my records, unless I tell you otherwise, when I inform you of a change to my personal details to keep my records accurate and up to date.

Saffron Building Society and its group companies will not share any information about me and my account outside of the group for marketing purposes. You may use the information on this form to send me details of the group's products and services that you would consider to be relevant to my needs, by email, letter or telephone. The group consists of Saffron Building Society and its subsidiaries (including Crocus Home Loans Ltd and Saffron Independent Financial Advisers Ltd). If I do not wish to receive this information, I can tick this box

If I decide not to tick this box, but later decide that I wish you to stop this use, I can at any time ask you to do so by writing to my local branch.

I have the right of access to my personal records held by you and the credit and fraud agencies. Under the Data Protection Act 1998, I have the right to see and receive a copy of any personal information that you hold about me. You will charge me an administration fee of £10 if I make a request to see my personal records.

Declaration

- I/We apply to be able to operate this/these accounts in accordance with the terms of the Enduring Power of Attorney (the document or certified copy having been supplied to you).
- It is important that you read and understand the Data Protection Act declaration above. By signing this application, you agree that we can use your information in this way.
- If you need any more information before signing this form please ask.

Operation of the Account

Number of signatures required for withdrawals (please tick one box only)

Any one attorney required All attorneys required

The number of signatures required to sign will be determined by the instruction in the Enduring Power of Attorney document

I/We confirm I/we have read the following:

- Your Savings Terms & Conditions
- Things You Need to Know leaflet (including information on charges)
- Product specific literature
- Savings Rates at a Glance leaflet (or product specific literature which states the interest rate of the account).

Date

Signature

Name

Signature

Name

If there are more than two attorneys, tick here and complete the other parties' details on a separate form

For Society use only

Customer number one

Customer number two

Customer number three

Signature(s) checked

Postal account

Input by

Date

Checked by

Date