Power of Attorney/Court of Protection/Guardianship 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.

For more information on how we use your personal information, please visit co-operativebank.co.uk/global/privacy-and-cookies

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

Lasting Power of Attorney O	nline Summary - PLEASE COM	PLETE IN BLOCK CAPITALS				
If you have a lasting power of attorney registered in England or Wales on or after 1st January 2016, if the donor has not made any preferences or instructions we can register this from the online summary. You'll need to provide us with the access code and complete the remainder of this form. For more information and to obtain your code visit gov.uk/lasting-power-attorney-duties/proving-your-lasting-power-of-attorney.						
If the lasting power of attorney has a certified copy of the document.	ny instructions or preferences from the	donor, or was registered <u>before 1st January 2016,</u> we'll need to receive an original or				
LPA access code		(this is not the registered document number, you can generate this access code online at - gov.uk/use-lasting-power-of-attorney)				
1) Account Holder Informati	on					
Please confirm the account holder's Co-operative Bank/smile account nu		Account Number				
Please confirm the account holder's Britannia account number	existing Account Number					
Account Holder Personal and Contac	ct Details					
Title		Date of birth				
Forename(s) (inc. middle name(s) and any known aliases)		Nationality(ies)				
Surname		Occupation				
Home telephone number (inc. αreα code)		Mobile telephone number				
Email						
Current Address						
	P	Postcode Date From Date From				
Previous Address 1						
Postcode Date From Date To						
AA II-II Foi-tion AA II-						
Account Holder Existing Account In						
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 2. If No the account holder will retain access to the account.						
Is the account holder resident for tax purposes in the UK? Yes includes retired people, children and anyone who would be liable to pay tax in the UK if they had enough income. Yes No						
(Income can include any interest earned on savings or an investment held in your name.) Is the account holder a United States (US) Citizen?						
If <u>Yes</u> , add their Tax Identification Number here: Yes No						
Is the account holder resident for tax purposes outside the UK? If yes, please provide details of their tax residencies below: Yes						
		Tax Identification, National Insurance or Social Security Number				
If you are unable to provide their Tax Identification Number please explain why not:						
If they hold further tax residencies please provide this information on a separate sheet and attach to this form.						
2) Attorney/Deputy/Guardian 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 (2.1) below. If No please complete the Personal Information (Attorney/Deputy/Guardian) box (2.2) below. Yes						

2.1 - Local Authority, Accountant or Solicitor (individual/fi	rm)					
Personal Name or Firm Name (as applicable):	lle): Business address:					
2.2 - Attorney/Deputy/Guardian Existing Account Information						
Is the Attorney/Deputy/Guardian 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/Guardian an existing Britannia customer? If Yes please confirm your Account Number Yes No Account Number						
Personal Information (Attorney/Deputy/Guardian):						
Title		Date of birth				
Forename(s) (inc. middle name(s))						
Surname						
Relationship to Account Holder						
Email						
Attorney/Deputy/Guardian Address History - Provide detail	ls for last 3 years (If more thai	n 2 addresses please includ	de additional addresses on a separate piece of paper)			
Current Address						
Postcode Date From						
Previous Address 1						
Postcode Date From		Date To				
Future Correspondence: Please Note - Correspondence car	n only be sent to <u>ONE</u> addre					
	n only be sent to <u>ONE</u> addre		Yes No No			
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 I Confirm that My Personal Information contained in the Attorney/Deputy/Guardian 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/Guardian as evidenced by the document provided, for the above named account holder. In my capacity as Attorney/Deputy/Guardian I will observe the Terms and Conditions of the Account(s). These can be found by visiting co-operative bank.co.uk or giving us a call. 					
Full Name:	Signature:				

Attorney/Deputy/Guardian Declaration: To be signed by the attorney/deputy/guardian in all cases.

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.