

Power of Attorney & Deputies Registration

This form is to be used to register a Power of Attorney against an existing account.
Please read Power of Attorney – A Simple Guide, for more information.

Section 1 – Account/Donor Details	
Name of Account Holder	
Account Numbers (Please list all accounts affected)	
Section 2 – Attorneys being added to the account Please complete ALL fields	
Attorney 1 (This should be the main contact.)	
Title	Forename (s)
Surname	Date of Birth
NI Number	Nationality
Employment Status	Country of Residence
Daytime Telephone Number	Mobile Number
Email Address	Existing BBS account numbers if any held
Permanent Residential Address	If you have lived at your current address for less than two years please give your previous address:
Postcode Number of years at current address:	Postcode
Attorney 2	
Title	Forename (s)
Surname	Date of Birth
NI Number	Nationality
Employment Status	Country of Residence
Daytime Telephone Number	Mobile Number

Investment enquiries: 01225 423271 Fax: 01225 475701, www.bathbuildingsociety.co.uk

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Telephone calls may be recorded to help the Society to maintain high standards of service delivery

Email Address	Existing BBS account numbers if any held
Permanent Residential Address	If you have lived at your current address for less than two years please give your previous address:
Postcode Number of years a current address:	Postcode
Attorney 3	
Title	Forename (s)
Surname	Date of Birth
NI Number	Nationality
Employment Status	Country of Residence
Daytime Telephone Number	Mobile Number
Email Address	Existing BBS account numbers if any held
Permanent Residential Address	If you have lived at your current address for less than two years please give your previous address:
Postcode Number of years at current address:	Postcode

Tax Residency- I am/We are resident for tax purposes only in the UK and am a/are citizen/s only of the UK.

Yes No

Section 3 –How are the Attorneys Appointed?

Select how the Attorney(s) have been appointed. Tick as required.

- Sole – Only one attorney appointed
- Jointly – Two or more Attorneys appointed, who must act together
- Jointly/Severally – Two or more Attorneys appointed, who can act independently of each other

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Section 4 - Declaration

I/we consent to Bath Building Society accessing, processing and storing any personal information I/we provide for the purposes of providing payment services, such as faster payments, standing orders etc.

I/we have read a copy of the Bath Building Society Privacy Notice and am/are aware that a full version is available on request or by visiting www.bathbuildingsociety.co.uk.

In signing this form, I understand that my personal information may be:

- Used to check my identity to ensure Bath Building Society meets money laundering regulations.
- Used to make a search with a credit reference agency that will supply Bath Building Society with information, including information from the Electoral Register, for the purpose of verifying my identity and address. The agencies will record details of the search.
- Used to identify me when I communicate with the Society about the account.
- Used to manage the account; provide the services I request; deal with enquiries make or authorise to be made regarding the account.
- Disclosed to appropriate regulatory authorities, auditors, any other body having legal right to the information, or anyone I appoint to administer or operate the account.
- Disclosed to third party processors to transmit and collect money, investigate complaints, distribute statements and rate change notices, resolve IT issues, develop and test new software, and for auditing purposes.

From time to time the Society would like to provide you with information about our products and services which we feel might be of interest. If you would like to receive this information please tick all the relevant boxes as to how you would like to receive the communication:

Telephone Letter Email (please provide email address)

You can opt out at any time by telephoning 01225 423271, emailing us at investments@bibs.co.uk or writing to us at Bath Building Society, Customer Support Department, 15 Queen Square, Bath BA1 2HN.

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Attorney Name	Signature	Date

Please return completed form to
Bath Building Society, Head Office, Customer Support, 15 Queen Square, Bath, BA1 2HN
or at one of our Branches or Agencies

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Power of Attorney – Declaration of Capacity Status

Use this form to tell us whether or not the donor is mentally capable of managing their own financial affairs. Attorneys may wish to seek legal advice or to contact the Office of the Public Guardian before signing this Declaration.

I/We the attorney(s) refer to the Lasting Power of Attorney made by;	
Donor's Name	
Donor's Address	
Dated (Date LPA was set up)	
And registered with the Office of the Public Guardian on (date)	
A copy of the Lasting Power of Attorney is attached/ already held by the Society (please delete as appropriate)	

Please tick the appropriate option below, then read the relevant declaration before signing this form.

- Donor is not mentally capable of managing their own financial affairs (please read Declaration A and delete where appropriate)
- Donor is mentally capable of managing their own financial affairs (please read Declaration B and delete where appropriate)

Declaration A: Donor is not mentally capable of managing their own financial affairs

1. I/We confirm that the Donor is (in accordance with the provisions of the Lasting Power of Attorney), currently unable to manage their affairs and operate their account(s).
2. I/We understand that the Society will write to the Donor to advise that I/we have signed this declaration.
3. I/We agree to inform the Society if the Donor becomes able to manage their financial affairs and operate any of their accounts at any time in the future.
4. I/we understand that the Society will generally no longer accept instructions from the Donor.
5. I/We understand that if the Donor disputes this declaration the Society might only allow payments from the Donors accounts on the joint instructions of the Donor

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and me/us and that any such dispute might need to be referred to the Office of the Public Guardian.

6. I/we certify that to the best of my/our knowledge I/we have complied with my/our duties imposed on me/us under the Lasting Power of Attorney

Declaration B: Donor is mentally capable of managing their own affairs.

1. I/We confirm that the Donor is able to manage their financial affairs and operate their Accounts.
2. I/We as Attorney(s) agree to inform the Society if the Donor becomes, in accordance with the provisions of the Lasting Power of Attorney, unable to manage their financial affairs and operate their Account.

All Attorneys must sign the declaration

Attorney Name	Attorney Name
Signed	Signed
Date	Date

Attorney Name	Attorney Name
Signed	Signed
Date	Date

Date Received	Office	(for office use only)
Identification attached		
Actioned By:	Checked by:	

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