

Additional Power of Attorney/Court of Protection/Guardianship Registration Form

We comply with data protection regulation and, as a Data Controller, we only collect, store and process the personal information we need to open and operate your account. If you're not already a customer, we'll use the information you give us to create a record and may share it with third parties, including credit reference agencies and fraud prevention agencies, for identity verification, fraud prevention and anti-money laundering purposes.

We may ask for original or certified copies of identification (ID) or Power of Attorney document. For additional information on ID requirements please visit co-operativebank.co.uk/help-and-support/contact-us/identification-requirements/.

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

Account Holder information			
Please confirm one of the account holder's existing account numbers.		Sort Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Account 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"/>
1) 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 (1.1) below. If No please complete the Personal Information (Attorney/Deputy/Guardian) box (1.2) below.			Yes <input type="checkbox"/> No <input type="checkbox"/>
1.1 - Local Authority, Accountant or Solicitor (individual/firm)			
Personal Name or Firm Name (as applicable):		Business address: _____ _____	
1.2 - 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 <input type="checkbox"/> No <input type="checkbox"/>	Sort Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Account 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"/>
Personal Information (Attorney/Deputy/Guardian)			
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	
Email			
Attorney/Deputy/Guardian Address History - Provide details for last 3 years (if more than 2 addresses, please include additional addresses on a separate piece of paper). If the Attorney/Deputy/Guardian is an existing Co-operative Bank or smile customer, this section does not need to be completed.			
Current address _____ _____ _____ Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Previous address _____ _____ _____ Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
For Co-operative Bank accounts, does the Attorney/Deputy/Guardian 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, or any card to an Attorney/Deputy/Guardian acting jointly and not severally)		Yes <input type="checkbox"/> No <input type="checkbox"/>	Sort Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Account 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"/>
For Co-operative Bank accounts, does the Attorney/Deputy/Guardian 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 <input type="checkbox"/> No <input type="checkbox"/>	Sort Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Account 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"/>

2) Declarations

Account Holder Declaration: For all Power of Attorney requests apart from Lasting and Enduring, 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 or smile on my behalf

Full Name:

Date

Signature:

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

By signing this registration form

- I confirm that my personal information contained in the Personal Information (Attorney/Deputy/Guardian) section of this document is true and correct and will inform the Bank without delay, of any changes in my details and 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 an 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, by visiting a branch or giving us a call.
- In my capacity as an Attorney/Deputy/Guardian I agree to act within accordance of the Mental Capacity Act principles.
- I agree to act according to the terms of the Power of Attorney document / Court of Protection Order / Guardianship Order appointing me as Attorney / Deputy / Guardian.

Full Name:

Date

Signature: