

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 a Deputy and 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 Court Order document. For additional information on ID requirements please visit co-operativebank.co.uk/help-and-support/contact-us/identification-requirements/.

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

1) Existing Account Holder information - If customer does not currently hold an account to continue to next step

Please confirm one of the account holder's existing account numbers.

Sort Code - -

Account Number

Account Holder: Personal and Contact Details

Title		Date of birth	<input type="text"/>
Forename(s) (inc. middle name(s) and any known aliases)		Nationality(ies)	
Surname		Occupation	
Home telephone number (inc. area code)	<input type="text"/>	Mobile telephone number	<input type="text"/>
Email	<input type="text"/>		

Current address _____
 _____ Postcode Date from

Previous address _____

 Postcode Date from Date to

Account Holder Information

The answers to these questions relate to the donor's mental health and capacity, which is classed as 'special category data' under data protection law. By providing this information, you confirm that you are happy for us to use it to manage the account appropriately and support the account holder in the right way. For more information about how we use your personal information, please ask us for a copy of our Privacy Notice or find it on our website: co-operativebank.co.uk/global/privacy-and-cookies.

Please advise whether the account holder has lost the mental capacity to manage their financial affairs.

Has the account holder lost ALL 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.

Yes No

Has the account holder lost some mental capacity to manage certain financial affairs but retains some mental capacity to manage some of their financial affairs (for example, they have fluctuating capacity)?

Yes No

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. (Income can include any interest earned on savings or an investment held in your name.)

Yes No

Is the account holder a United States (US) Citizen?

If **Yes**, 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 No

Countries where Tax Resident	Tax Identification, National Insurance or Social Security Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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.

