

Customer number	
House number and postcode	
Scanning code	CUSPOA

## Power of Attorney/Court Appointed Deputy - Registration Form

To enable us to complete registration we will need to hold and record some of your personal information (such as your name, address and contact details) so that we can discuss the accounts with you in the future. For further information about how we process your data please refer to our privacy policy at . This form is to be completed by the attorney(s)/court appointee(s) and signed below. It should only be used in conjunction with a Power of Attorney/Court of Protection document, i.e. where an attorney/court appointee is to be registered by the society with the power to operate an account.

Donor's full name:		Donor's address:	
Lasting power of attorney official date:	Enduring power of attorney official date:	Court protection (deputyship) official date:	Scottish power of attorney official date:
Ref number:	Ref number:	Ref number:	Ref number:
<b>Product name:</b>			
<b>Account number:</b>			

1 <sup>st</sup> attorney/court appointed deputy		2 <sup>nd</sup> attorney/court appointed deputy	
Surname (please select) Mr/Mrs/Miss/Ms:		Surname (please select) Mr/Mrs/Miss/Ms:	
Forename(s) in full:		Forename(s) in full:	
Address:		Address:	
Postcode:		Postcode:	
<b>Telephone number(s) including STD</b>		<b>Telephone number(s) including STD</b>	
Daytime:		Daytime:	
Evening:		Evening:	
Mobile:		Mobile:	
Email:		Email:	
<b>Date of birth (Please enter in all cases)</b>		<b>Date of birth (Please enter in all cases)</b>	
<b>Nationality</b>		<b>Nationality</b>	

## Declaration

1. I confirm that the total amount I invest on behalf of the donor will not exceed £750,000.
2. I have been given clear and appropriate information regarding the protection of the donor's eligible deposits and the relevant exclusions.
3. Please refer to the society's rules regarding voting rights that apply to attorneys, for the society's annual general meeting.
4. This is our registration form on which we intend to rely. By signing this form, you are confirming that you have been given our savings information pack which includes the following: savings terms and conditions, product factsheet for the accounts the donor holds with us, privacy policy and FSCS details. For your own benefit you should read the content of the pack.
5. I confirm that when opening and operating accounts on behalf of the donor, I will comply with all The Nottingham's general and specific account terms and conditions

First attorney/deputy signature:

Second attorney/deputy signature:

Date:

Date: