

DEPUTY DETAILS FORM

Court of Protection held for Mr/Mrs/Miss/Ms

Savings Account Number(s)

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Deputy Details

Title Mr/Mrs/Miss/Ms/.....

Surname

Forenames

Full permanent residential address

.....

Postcode

Date of birth

Telephone DayEvening.....

I agree to operate the account(s) in accordance with the terms and conditions originally accepted by the account holder.

I understand my authority as deputy will be extended to any additional accounts opened.

I understand that the Society will require to confirm my identity and to do this the Society will make searches about me at a credit reference agency that will supply the Society with information, including information from the Electoral Register. I also understand that the searches will not be seen or used by lenders to assess my ability to obtain credit. If the Society is unable to verify my name and address by this method, I will be advised of the additional documentation required.

Signature of Deputy

Date