

Registration of Power of Attorney/Court of Protection/ Missing Persons Guardianship Form



Before signing this form, you should check that all the information is recorded accurately and read the Declarations. For important information about the new account with the Society, please refer to the Savings Terms and Conditions, Privacy Notice, the relevant savings account leaflet and the Rules of the Society. If you have any questions, please ask the Customer Services Advisor dealing with your application or contact the Customer Services Team on 01384 231414.

Section 1 Account Holder Details

Account No. 1:	<input type="text"/>	Account No. 2:	<input type="text"/>
Account No. 3:	<input type="text"/>	Account No. 4:	<input type="text"/>

Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/> Building Number/Name <input type="text"/> Street <input type="text"/> District <input type="text"/> Town <input type="text"/> County <input type="text"/> Postcode		

Section 2 Type of Request

Please note that an original or certified copy of the documents will be required. Please tick to confirm.

Court of Protection	<input type="checkbox"/>
Lasting Power of Attorney	<input type="checkbox"/>
Enduring Power of Attorney	<input type="checkbox"/>
General Power of Attorney	<input type="checkbox"/>
Missing Persons Guardianship Order	<input type="checkbox"/>
Other (please give details)	<input type="text"/>

Section 3 Operator Details

Account Operator 1

Title:	<input type="text"/>
First Name(s):	<input type="text"/>
Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>
Marital Status:	<input type="text"/>
National Insurance No:	<input type="text"/>
Occupation:	<input type="text"/>
Employment Status:	<input type="text"/>
Nationality:	<input type="text"/>
Country of Birth:	<input type="text"/>
Current Address:	<input type="text"/> Building Number/Name <input type="text"/> Street <input type="text"/> District <input type="text"/> Town <input type="text"/> County <input type="text"/> Postcode

Account Operator 2

Title:	<input type="text"/>
First Name(s):	<input type="text"/>
Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>
Marital Status:	<input type="text"/>
National Insurance No:	<input type="text"/>
Occupation:	<input type="text"/>
Employment Status:	<input type="text"/>
Nationality:	<input type="text"/>
Country of Birth:	<input type="text"/>
Current Address:	<input type="text"/> Building Number/Name <input type="text"/> Street <input type="text"/> District <input type="text"/> Town <input type="text"/> County <input type="text"/> Postcode

Previous Address:
(full address history for
the last 3 years must be
Provided)

Building Number/Name	
Street	
District	
Town	
County	
Postcode	

Previous Address:
(full address history for
the last 3 years must be
Provided)

Building Number/Name	
Street	
District	
Town	
County	
Postcode	

Email Address:
Home Tel No:
Mobile Tel No:
Work Tel No (Optional):

Email Address:
Home Tel No:
Mobile Tel No:
Work Tel No (Optional):

Account Operator 3

Account Operator 4

Title:
First Name(s):
Surname:

Title:
First Name(s):
Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Marital Status:

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Marital Status:

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National Insurance No:

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National Insurance No:

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Occupation:

--	--

Occupation:

--	--

Employment Status:

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Employment Status:

--	--

Nationality:

--	--

Nationality:

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Country of Birth:

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Country of Birth:

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Current Address:

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Current Address:

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Previous Address:
(full address history for
the last 3 years must be
Provided)

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Previous Address:
(full address history for
the last 3 years must be
Provided)

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Email Address:
Home Tel No:
Mobile Tel No:
Work Tel No (Optional):

Email Address:
Home Tel No:
Mobile Tel No:
Work Tel No (Optional):

Section 4 Tax Residency

Account Operator 1:

Account Operator 2:

Are you a US citizen? Yes No

Are you a US citizen? Yes No

Are you a resident for tax purposes in any country or territory other than the United Kingdom? Yes No

Are you a resident for tax purposes in any country or territory other than the United Kingdom? Yes No

If you have ticked 'Yes' to either of the last two questions please complete the information in the boxes below – without these details, you will not be able to open an account.

Country	Tax Identification Number (if you do not enter a TIN, we will write to you asking for this information before we can accept your application)
1. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Account Operator 3:

Are you a US citizen? Yes No

Are you a resident for tax purposes in any country or territory other than the United Kingdom? Yes No

If you have ticked 'Yes' to either of the last two questions please complete the information in the boxes below – without these details, you will not be able to open an account.

Country	Tax Identification Number (if you do not enter a TIN, we will write to you asking for this information before we can accept your application)
1. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

If you have ticked 'Yes' to either of the last two questions please complete the information in the boxes below – without these details, you will not be able to open an account.

Country	Tax Identification Number (if you do not enter a TIN, we will write to you asking for this information before we can accept your application)
1. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Account Operator 4:

Are you a US citizen? Yes No

Are you a resident for tax purposes in any country or territory other than the United Kingdom? Yes No

If you have ticked 'Yes' to either of the last two questions please complete the information in the boxes below – without these details, you will not be able to open an account.

Country	Tax Identification Number (if you do not enter a TIN, we will write to you asking for this information before we can accept your application)
1. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Section 5 Data Protection

Our Society takes its responsibilities for data management very seriously and we have thoroughly detailed our approach to how we collect and use information on the 'Privacy' page on our website. This explains how we collect and manage personal information and what we do with it. Please visit dudleybuildingsociety.co.uk/privacy for more information, alternatively you can request copies of our privacy statements over the telephone on 01384 231414 or in any of our branches.

By signing this application form you are confirming that you have acknowledged the Society's Privacy Notices and the guidance that is contained within them.

We would love to keep you informed about the products and services that are available to you as a member of Dudley Building Society. In order to receive them please confirm your preferences by selecting the following:

Account Operator 1: Email Post Phone Account Operator 2: Email Post Phone

Account Operator 3: Email Post Phone Account Operator 4: Email Post Phone

Section 6 Declaration

1. I/We confirm that I/we have received the Savings Terms and Conditions and agree to be bound by them and the Rules of the Society (copies of which are available on request).
2. I/We understand that all account correspondence will be sent to all account operators.
3. I/ We declare that all statements made in this application are, to the best of my knowledge and belief, correct and complete.
4. I/We acknowledge receipt of the Financial Services Compensation Scheme Information Sheet which I/we received.
5. I/We declare that any share(s) acquired by me under this account will not be held by me as a bare trustee (or, in Scotland as a simple trustee) for a body corporate, or for persons who include a body corporate.
6. The personal information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance, or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found by writing to us at 7 Harbour Buildings, The Waterfront, Brierley Hill, West Midlands, DY5 1LN.

Signature of Customer (Signature of the Customer is not compulsory, if they are unable to sign)
 Signature of Account Operator 1
 Signature of Account Operator 2
 Signature of Account Operator 3
 Signature of Account Operator 4

Date:
Date:
Date:
Date:
Date:

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

Section 7 Office Use Only

Staff Number:

Date:

Checked by:

Existing Member: Yes / No