

Power of Attorney/ Court Appointee Registration Form

This form 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, i.e. where an Attorney/Court Appointee is to be registered by the Bank with power to operate an account. Before completing this form, please read the General and Specific Terms and Conditions; if you do not have a set you can print one from www.kingdom.bank. Alternatively call us and we will post one to you. Please also call us if you have any questions.

1 st Attorney/Court Appointee	2 nd Attorney/Court Appointee
Surname (Mr/Mrs/Miss/Ms)	Surname (Mr/Mrs/Miss/Ms)
Forename(s) in full	Forename(s) in full
Address Postcode	Address Postcode
How long have you lived at the above address?	How long have you lived at the above address?
Years Months	Years Months
Previous Address (if less than 3 years at present)	Previous Address (if less than 3 years at present)
Address Postcode	Address Postcode
Telephone number(s) including STD	Telephone number(s) including STD
Daytime	Daytime
Evening	Evening
Mobile	Mobile
Email	Email
Date of Birth	Date of Birth
<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>

Nationality

Nationality

Account holder's name

Has the account holder lost mental capacity?

Yes

No

Has the account holder lost physical capacity and is unable to sign?

Yes

No

As Attorney/Court Appointee

I/We wish to be registered
(where possible) to all accounts

Tick to confirm

OR

I/We wish to be registered to the
following accounts:

Other products and services

From time to time we would like to tell you about our other products and services and those arranged by us with other suppliers such as insurance companies.

Any personal information you provide in the process of enquiring/arranging any of our other products and services is provided in the strictest confidence. We will only use this for the purposes specified in your enquiry and we will never pass your personal details to these third parties or any other companies for any other reason.

Please tell us whether we can contact you with this information by ticking this box:

I am happy for you to retain my personal information to enable you to contact me with information relating to all the products and services you provide.

If you have already provided your consent we will continue to rely on this permission until you request us to stop sending you information.

My preferred method of contact is:

Any method or

Post

Email

Telephone

Text message

Verification of identity

It is necessary for us to verify your identity. We will do this by obtaining evidence from various data sources, including Credit Reference and Fraud Prevention Agencies as well as the Electoral Roll. The agencies will record the details of this search whether or not your application proceeds. If we are unable to confirm your identity from these sources, we will ask you to supply us with adequate proof of identity. The only exception to this may be if you have an existing account with us.

Signature (Attorney/Court Appointee)

Applications will not be accepted without a signature

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Please be aware that by registering a Power of Attorney or Court of Protection on a savings account, the account holder will no longer receive account correspondence. Upon registration all correspondence will be sent to the 1st Attorney/Court Appointee named on this form.

Signed

Signed

Dated

Dated