

## Application to add a Registered Power of Attorney/Court of Protection

This form can be completed electronically then saved and printed. If completing manually, please complete in black ink and BLOCK CAPITALS. If you need any help completing this form, please call us on 01257 235003 or visit your local branch.

1. Type of registration  Power of Attorney (Must be Property & Financial Affairs)	Deputy Court of Protection			
2. Member details (Donor)				
Surname	Title Mr Mrs Miss Ms Other			
Forename(s) in full	Date of Birth DDD MM YYYYY			
Address				
	Postcode			
3. Account Details				
Account Number(s) of Member (Donor):				
First account number  Third account number (if applicable)	Second account number (if applicable)  Fourth account number (if applicable)			
Please register any remaining accounts not listed above	Please Register on any new accounts			
4. Details of Attorney(s) or Deputy to be added to the account				
The original or certified copy of the Registered Power of Attorney must accompany this application.				
Date Power of Attorney issued How many Attorneys are to be added?				
If more than 1 Attorney how are the authorised to sign?				
Title Mr Mrs Miss Ms Other	Title Mr Mrs Miss Ms Other			
Surname	Surname			
Forename (s)	Forename (s)			
Address	Address			
Postcode	Postcode			
Date of Birth DDMMYYYY	Date of Birth DDMMYYYY			
Telephone Number	Telephone Number			
Email	Email			

 $If more than two \ Attorneys \ please \ complete \ an \ additional \ Registered \ Power \ of \ Attorney \ / \ Court \ of \ Protection$ 



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5. Correspondence				
Please indicate which address	you wish correspondence to be sent			
Members (Donor) Address				
OR if correspondence to be set to Attorneys Address, please give details below:				
6.Identification for Attorne	y(s)			
	ne Society's Identification criteria, the Society ful, we would then require one form of identifi		ough its chosen credit agency in order to fulfil this. If the in our Power of Attorney Help Sheet.	
7. Online PA Viewing code				
If you have been provided with an Online Viewing Code from the Office of Public Guardian, please enter below.				
Please note these codes last for 30 days after being issued, if you have any issues with the code please contact the Office of the Public Guardian.				
8. Declaration of Capacity S				
In your view as Attorney(s) is the Member mentally capable of managing their own financial affairs so that we may allow them to transact accordingly. Please note where queries and restrictions may apply we may request medical evidence or written communication from an Attorney(s) in order to validate and register a document with the Chorley Building Society.  The Member (Donor) is mentally capable of managing their own financial affairs.				
The Member (Donor) is not mentally capable of managing their own financial affairs.				
9. Signatures of Attorney(s	) or Deputy(s) to be registered onto the	account(s)		
Attorney / Deputy name		Attorney / Deputy name		
Signed		Signed		
Date		Date		
10. Application to access Members (Donors) Chorley Building Society On-Line To set up Chorley On-Line please visit our website www.chorleybs.co.uk/savings/				
STAFF USE ONLY				
Customer Advisor.	Date:	POA relates to Financial & Property Affairs	S Yes No Passbook updated or reissued	
Checked by:	Date:			
Notes				
Your Personal Information and what we do with it				

Add\_POA\_App\_Form\_v3\_1025\_savers

available on our website www.chorleybs.co.uk/privacy

We are a data controller of your personal information. The way that we process your personal information is described in our Privacy Notice. This information is