



Power of Attorney Registration Form

Type of Power of Attorney

General / Enduring / Lasting (Please delete as appropriate)

Please note: each attorney must complete a separate Power of Attorney Registration Form

Account Holder Information

Name of Account Holder	
Address of Account Holder	
Account Number(s)	

If the account holder has changed address, please provide an identification document confirming their new address e.g. up to date bank statement/utility bill/HMRC official document. The document should not be more than 3 months old and should detail the name, initial and new address of the account holder. The document will be returned to you.

If the account holder has moved into a care home, please provide a letter from the care home confirming residency.

Alternatively, if you are happy for us to contact the care home directly for confirmation, please tick here

Power of Attorney Information

Name of Attorney	
Address of Attorney	
Attorney Home Phone Number	
Attorney Mobile Number	
Attorney Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>
Attorney Nationality	<input type="text"/>
Address for Future Correspondence (please note only one correspondence address is permitted).	

Attorney's Security Check Information

Place of Birth	
Mother's Maiden Name	

Reason for Registering Power of Attorney

If the Enduring Power of Attorney is not registered with the Court of Protection, the account holder can still operate the account. If the Lasting Power of Attorney is being used for any reason other than lack of mental capacity, the account holder can still operate the account and the Society must be advised once they have lost mental capacity in order to protect the account.

- Old age
- Lack of mental capacity
- Ease of account operation

Your Information

The security of your personal data is our priority. Our Privacy Notice explains how we use and store your information. Please visit www.teachersbs.co.uk/privacy to read our Privacy Notice. If you have any questions regarding the use of your information or wish to exercise any of the rights mentioned in our Privacy Notice, please write to us at the address below or email dpo@teachersbs.co.uk.

We may send your details to credit reference agencies and/or fraud prevention agencies who will supply us with information for the purpose of verifying your identity, including information from the Electoral Register. We reserve the right to carry out any further checks of your identity and address should we need to do so in order to comply with our legal and regulatory obligations. The credit reference agencies will record details of the search whether or not this application proceeds. The searches will not be seen or used by lenders to assess your ability to obtain credit. Credit searches and other information which is provided to us and/or the credit reference agencies or fraud prevention agencies about you and those with whom you are linked financially may be used by the Teachers Building Society and other companies if you, or other members of your household, apply for other facilities, including insurance applications and claims. This information may also be used for debt tracing and the prevention and detection of fraud or money laundering as well as the management of your account. Alternatively, we may ask you to provide physical forms of identification.

If you give us false or inaccurate information and we suspect fraud, we will record this and may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. We, and other companies may use this information if decisions are made about you or others at your address(es) on credit or credit-related services or motor, household, credit, life or any other insurance facilities. It may also be used for tracing and claims assessment.

Declaration

By signing this form, you are confirming that we can use your information in this way.

I have enclosed:

- The original or certified copy* of the Power of Attorney document.
- An original certified copy* of the attorney's passport or driving licence for identification purposes.

Signature of Account Holder (if possible)

Date

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

Signature of Attorney

Date

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

*Certified copy - A black and white photocopy of the document should be certified by one of the following: UK lawyer, banker, authorised financial intermediary, FCA and PRA regulated mortgage broker, Chartered Accountant or Chartered Certified Accountant, teacher, doctor, or post-master/sub-post master. The copy should be dated, signed and marked 'original seen'. In addition, the certifier should also state their full name, occupation, contact address and telephone number. Please note that unless the certified copy complies with all the above requirements, we will not be able to accept it as confirmation of your identity.