

Operating an Account for Someone Else Form



This form **MUST** be completed when opening a new Harpenden Building Society account, and/or if you wish to manage an existing Harpenden Building Society account, on behalf of another person.

An original or certified copy of the power of attorney or court of protection (as applicable) must accompany this application. For ways you can protect and secure a family member's or friend's money if they become unwell or unable to make financial decisions for themselves, please refer to our 'Operating an Account for Someone Else Information Sheet'. This can be found on our website, or you can visit one of our branches for a physical copy.

1. PERSONAL DETAILS PLEASE COMPLETE IN BLACK INK WITH BLOCK CAPITALS

NOMINEE, ATTORNEY OR DEPUTY 1

Title: Forenames (in full): Surname:.....

Permanent residential address:.....
..... Postcode:

Nationality:.....

Address for correspondence if different to above:
..... Postcode:

Date of birth: National insurance number:.....

Home contact no: Mobile contact no:

Email address:

Are you an existing customer? Yes No

Relationship to Applicant/ Existing customer:

Tax residency:

Are you a resident for tax purposes only in the UK? Yes No Are you a citizen only of the UK? Yes No

Please list the countries other than the UK of which you are a tax resident, if any, together with any associated tax reference number.

Country/Countries of tax residency	Tax reference number
.....
.....

IF YOU ARE THE ONLY SIGNATORY WISHING TO OPERATE THIS ACCOUNT PLEASE GO TO SECTION 2.

NOMINEE, ATTORNEY OR DEPUTY 2

Title: Forenames (in full): Surname:.....

Permanent Residential Address:
..... Postcode:

Nationality:.....

Address for correspondence if different to above:
..... Postcode:

Date of Birth: National Insurance Number:.....

Home Contact no: Mobile Contact no:

Email address:

Are you an existing customer? Yes No

Relationship to Applicant/ Existing customer:

Tax Residency:

Are you a resident for tax purposes only in the UK? Yes No Are you a citizen only of the UK? Yes No

Please list the countries other than the UK of which you are a tax resident, if any, together with any associated tax reference number.

Country/Countries of tax residency:	Tax reference number:
.....
.....

2. ACCOUNT DETAILS Please complete in BLACK INK with BLOCK CAPITALS

I/We will be operating the account(s) of:

Full Name(s):

.....

Address:

.....

.....

Existing account number(s):

3. RELATIONSHIP TO ACCOUNT HOLDER(S)

I/We are operating the account as:

Nominee and I enclose a completed Third Party Withdrawal Mandate form

Attorney(s) * and I/We enclose a copy of the power of attorney

Deputy/Appointee and I/We enclose a copy of the court of protection order

*Please confirm by ticking the appropriate boxes below, to confirm if the account holder is currently:

Physically incapacitated Mentally incapacitated Neither physically or mentally incapacitated

If neither, please state the reason for the registration:

.....

4. SIGNING MANDATE (NOT APPLICABLE FOR THIRD PARTY MANDATES)

Please note – if the account requires more than one signature to operate the account, you will not be permitted to transact using our Online Services.

I/We authorise the Society to permit the following signatures to operate the account(s):

Any one signature Any two signatures All signatures required

5. SIGNATURE(S) & DECLARATION: ALL SIGNATORIES MUST READ, COMPLETE AND SIGN

IMPORTANT INFORMATION – IT IS ESSENTIAL THAT YOU READ AND UNDERSTAND THE TERMS WITHIN THIS DECLARATION BEFORE SIGNING BELOW.

1. I/We consent and acknowledge that the Society will carry out an electronic check to verify my/our identity.
2. I/We confirm that the account will not be held by me/us as a trustee for a corporate body, or for persons who include a corporate body.
3. I/We declare that the information provided on the application form is true to the best of my/our knowledge and belief.
4. I/We authorise the Society to operate the account according to the instructions indicated on this application form.

Please note that if there are additional signatories to be added to the account, another 'operating an account for someone else' form will need to be completed and attached to this application.

PRIVACY NOTICE

- Data protection regulations require Harpenden Building Society (the society) to inform customers about how their personal data will be processed
- Personal data includes customer's name, address, financial information and other personal information needed for opening an account
- The society will restrict its processing of your personal data to the minimum required to open and manage your account, update you on your account status and inform you of any new savings products. Your personal information will also be processed to comply with the society's legal and regulatory obligations and to ensure that we continue to operate the society in a way to safeguard your investment
- The society will not send you marketing material on any other services and will not share your personal details with any other organisation for marketing purposes, without your consent
- Your personal details will be stored securely by the society and its specialist suppliers, in countries that have equivalent data protection rules, and will only be used to communicate with you whilst you have an account with the society
- Further information on how our society handles your personal data is available under the 'privacy' menu option on the website
- You are entitled to request the society to restrict its use of your personal data. If you have any questions about how we manage your personal data, or wish to complain about this, please contact the data protection officer in the first instance on: privacy@harpendenbs.co.uk
- If you are not satisfied with the handling of your complaint by the society, you can also make a complaint to the information commissioner's office on: ico.org.uk

CONSENT FOR COMMUNICATIONS

The Society will contact you in the future about the accounts you are managing. We may send you updates about our other products which may be of interest to you. If you are happy to receive this information by email please indicate this by ticking the appropriate box below.

Signatory 1

By post By email By telephone

Signatory 2

By post By email By telephone

SIGNATURE(S)

I/We have read the section titled Privacy Notice and understand that the Society must process my personal information in order to process my/our request.

Nominee / Attorney / Deputy 1	Nominee / Attorney / Deputy 2
Signature	Signature
Date	Date

FOR OFFICE USE ONLY		BRANCH:	
CIN (1)		CIN (2)	
ID (1)		ID (1)	
ID (2)		ID (2)	
Date added:	Initials:	Date checked:	Initials:

Head Office

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