

Application to add a Power of Attorney to an account

How we use your information

Before continuing with this application, please read the information below, which explains how we and others will use your personal and financial information during this application process. For full details about how we use the personal and financial information of our customers please see our Terms.

Who we are

The organisation responsible for processing your personal and financial information is NatWest Bank.

The information we hold about you

Your information is made up of all the financial and personal information we hold about you and your transactions.

| Please complete this form in BLOCK CAPITALS and in black ink. | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 1. Account details – mai | n account to which the Power of Attorney (the "PoA") is being added: | | | | | | | | |
| Account name Account number | | | | | | | | | |
| Account holding branch | Sort code | | | | | | | | |
| - | It the PoA will be added to all accounts held in the sole name of the donor/granter. The PoA by joint accounts, which the donor/granter holds with the consent of the joint party. | | | | | | | | |
| Additional accounts for Credit Card | the PoA to be added | | | | | | | | |
| NatWest Credit Card Account number | | | | | | | | | |
| 2. Power of Attorney | | | | | | | | | |
| How many attorneys are | being added to the account? | | | | | | | | |
| If more than one attorney | If more than one attorney is appointed, how are the attorneys appointed to act? | | | | | | | | |
| Joint and Several Jointly Please see note under Section 5 below for jointly appointed attorneys. | | | | | | | | | |
| Does this Power of Attorn | ney supersede existing PoA instructions held? Yes No | | | | | | | | |
| 3. Attorney personal de | tails – if there's more than one attorney, a separate application form will need to be completed | | | | | | | | |
| Are you an existing NatW | /est customer? Yes No | | | | | | | | |
| If 'Yes', please provide Ad | Sort code | | | | | | | | |
| Gender | Male Female | | | | | | | | |
| Title | Mr Mrs Miss Ms Mx Other | | | | | | | | |
| | (please specify) | | | | | | | | |
| First name | | | | | | | | | |
| Middle name(s) | | | | | | | | | |
| Surname | | | | | | | | | |
| Date of birth (DD/MM/YYYY) | | | | | | | | | |
| Country of birth | | | | | | | | | |

Place of birth (town)

| Permanent residential ad | ldre | SS | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------|-------|--------|-----|------|------------------|------|------|-------|-------|-------|-----|--------|------|-------|------|-----|------|------|------|-------|------|-------|--------|------|--------|---------|-----|
| House name | | | | | | | | | | | | | | (or | ly c | om | ple | te i | f re | egis | tere | ed v | with | ר Ro | oyal | l Ma | il) | |
| House/Flat number (If applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overseas country (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of entry to this address (e.g. 01JUN2005) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous address – if you | 've l | ived | l at t | the | abo | ove | ad | dre | ss f | or le | ess | tho | ın 3 | ye | ars | | | | | | | | | | | | | |
| House name | | | | | | | | | | | | | | (or | ıly c | com | ple | te i | f re | egis | tere | ed v | with | n Ro | oyal | l Ma | il) | |
| House/Flat number (If applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town | | | | | | | | | | | | | | | | | | | | | | | | | | |] | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overseas country (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home telephone number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work telephone number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile phone number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail address | | | | | | | | | | | | | | | | | | | | | | | | \Box | | \Box | | |
| We'll use your contact deto know we've completed yo | | | | /ou | upo | date | ed c | abou | ut th | ie a | ссо | unt | :, i.e | e. w | e'll | sen | d y | ou | an | em | ail d | or t | ext | me | ssa | ge t | o let y | ou |
| Occupation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Memorable word – please transactions with you. | cho | ose | a me | emo | oral | ble [,] | WOI | rd o | f no | mo | ore t | ha | n 1 | 5 ch | arc | icte | rs. | We | m | ay ı | nee | d th | nis t | :0 С | onfi | irm (| certair | n |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Memorable word Reminde | ∍r – i | f you | u for | get | yo | ur n 1 | ner | nor | able | wc | ord (| a m | em | ber | of (| our | sto | ff v | vill | pro | mp | t yo | ou v | with | ı yo | ur re | emind | er. |
| | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | |

| 3.1 Regulatory details | | | | | | | | |
|--|-------------|--|--|--|--|--|--|--|
| Country of residence | | | | | | | | |
| Nationality | | | | | | | | |
| Do you hold any other Nationalities/Citizenships? | | | | | | | | |
| If 'Yes' list here | | | | | | | | |
| | \equiv | | | | | | | |
| | Ħ | | | | | | | |
| When a second se | | | | | | | | |
| Where are you resident for tax purposes? | | | | | | | | |
| | | | | | | | | |
| What is your tax number/social security number or other local equivalent (if known)? | aguif tha | | | | | | | |
| Please enter the Tax Identification/Reference Number or local equivalent (if known) for your country of residen United Kingdom please leave blank. | ce; if the | | | | | | | |
| | | | | | | | | |
| Are you resident for tax purposes in any other countries? Yes No | | | | | | | | |
| If 'Yes' please list here and provide your tax number/social security number or local equivalent (if known). | | | | | | | | |
| Country | | | | | | | | |
| Tax number | | | | | | | | |
| Do you have tax paying obligations to the United States of America? Yes No | | | | | | | | |
| 4. Change of statement address | | | | | | | | |
| Would you like the address for bank statements changed from the account holder's address to the attorney's address? Yes No | | | | | | | | |
| 5. Account features for Attorney | | | | | | | | |
| Just to let you know that where attorneys are appointed to act jointly, we're not able to issue a Debit/ATM provide access to telephone and/or online banking. We also can't issue a credit card or PIN for sole or joint appointed attorneys. | | | | | | | | |
| If you'd like a cheque book and/or Debit/ATM Card on any of the account(s) please tick below. Please note som may not be applicable for all accounts. | e features | | | | | | | |
| Debit/ATM Cheque book | | | | | | | | |
| 6. Terms and Conditions For a copy of our Terms and Conditions relating to the account(s) to which you're being added to (including the to any cards which may be issued to you), please visit natwest.com or any of our branches. | se relating | | | | | | | |

7. How we'll use and share your information

Credit reference and fraud prevention agencies

We may request information about you from credit reference agencies to help verify your identity. This request will not affect your ability to obtain credit (for example for a loan or credit card) in the future. To help us to prevent and detect fraud and/or money laundering, the information provided in this application may be checked with fraud prevention agencies, including, in relation to attorneys, The Office of the Public Guardian. If fraud is identified or suspected, details may be recorded with these agencies to prevent fraud and money laundering.

With other RBS companies

We and other RBS companies worldwide will use the information you supply in this application (and any information we or other RBS companies may already hold about you) in connection with processing your application. If your application is declined we'll keep your information for as long as it's required by us or other RBS companies in order to comply with legal and regulatory requirements.

With other third parties

The information provided in this application may be used for compliance with legal and regulatory screening requirements, including confirming your eligibility to hold a UK bank account and sanctions screening. We may disclose certain information to regulators, government bodies and similar organisations around the world, including the name, address, tax number, account number(s) and the balance or value of the account(s) of US and British Dependent Territories' customers to HM Revenue and Customs ("HMRC") who may exchange this information with the applicable local tax office in those countries. We may be required to provide similar information to HMRC regarding customers from other countries in the future.

8. Giving your consent

By continuing with this application you agree that we may use your information in the ways described above and in the associated Terms, and are happy to proceed. You authorise us to pass information about you and your actions on the account to the primary [account/card] holder.

For Joint Accounts Only

9. Joint account holder confirmation – Only complete this section when there are other account holder(s) on the account(s) in addition to the donor/granter of the PoA.

I authorise you to allow the attorney(s) to be added to any joint accounts, which I hold with the donor/granter and understand they may provide any instructions on the account(s).

| Joint account holder signature | |
|--------------------------------|---|
| | Name (in full) |
| | Date (DD/MM/YYYY) |
| | |
| | ning this form I agree to be added to all accounts held in the sole name of accounts, and any joint accounts (provided the consent of the joint party |
| Attorney signature | |
| | Name (in full) |
| | Date (DD/MM/YYYY) |
| | |

For Branch or Relationship Manager use only

| | am on 01634 895 395 (Retained) or ed) before submitting the PoA form | | | | | | |
|---|---|--|--|--|--|--|--|
| • In all cases, please ensure: | | | | | | | |
| - A certified copy of ALL pages of the Power of Attorne first page and note the total number of pages | ey documents is attached – remember you only need to certify the | | | | | | |
| The Power of Attorney is a valid document (further guidance can be found via My Knowledge) | | | | | | | |
| - Where attorneys are appointed to act jointly, a Debit | ATM card hasn't been requested | | | | | | |
| - You've provided the customer with information on te | lephone and/or online banking if appropriate | | | | | | |
| provided. | act jointly, telephone and/or online banking access can't be | | | | | | |
| For new to bank customers – Completed new accoun | nt sanctioner list | | | | | | |
| Staff signature | | | | | | | |
| | Staff name | | | | | | |
| | Location | | | | | | |
| | Contact number | | | | | | |
| Where to send the PoA form | | | | | | | |
| Please forward all retained paperwork to Power of | Attorney, Chatham CSC, DC 023 | | | | | | |
| Please forward all divested paperwork to Power of | Attorney, Liverpool, L13 1HE, DC 194 | | | | | | |