## **Account Registration Form**



### Important Information

Please complete sections 1 to 6 on this form.

For more information please visit our website **www.cumberland.co.uk**. Alternatively, you can contact our Customer Care team on **01228 403141** or visit your local branch where they will be happy to help.

Please provide us with the original document to allow us to take a copy for our records. It may not always be possible to provide us with original documents. Copies of documentation can be certified by a regulated professional person, such as a solicitor, accountant or bank official.

as a solicitor, accountant or bank official.						
Section 1 – Type of Registration						
Please tick applicable box:						
Ordinary/General Power of Attorney (POA)		Court of Protection/Guardianship Order				
Lasting/Enduring/Continuing Power of Attorney  Department for Work & Pensions (DWP) Appointed						
Online LPA Viewing Code:  If you have been provided with an Online Viewing Code from the Office of the Public Guardian, please enter this below. Please note, The Cumberland may still require sight of the original document in some cases.  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.						
V -						
Section 2 – Account Holder Details (Donor)						
Account Holder Full Name  Account Number  Please note we only require one account number to locate your accounts  Please tick applicable box:						
This is a new account registration  This is a change or update to an existing account registration						
Please tick to confirm ONE of the below: Includes all Investment and Mortgage accounts but excludes any non-personal i.e. Club/Charity/Business Accounts and accounts where the Account Holder is Trustee (unless specified in the legal document).						
Please register against all applicable accounts the Account Holder is named on OR						
Please only register against all specific accounts listed below that the Account Holder is named on (Lasting POA's must be registered on all accounts)						

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### Section 3 – Capacity Declaration

We ask in your view as Attorney/Deputy/Guardian/Appointee if the customer is mentally capable of managing their financial affairs so that we may allow them to transact accordingly.

Where the Account Holder is not mentally capable of managing their own financial affairs, all existing account services will be removed. The authority we allow a third party over a customer's account may change depending on the particular circumstances (and are subject always to our obligations under applicable laws and regulations).

We will need to comply with any such restrictions which will override our general position. (You may wish to seek legal or medical advice for Enduring, Lasting or Continuing Powers of Attorney). **Please tick ONE** of the options below:

The Account Holder is mentally capable of managing their own financial affairs

The Account Holder is <u>not</u> mentally capable of managing their own financial affairs

# Section 4: Operator(s) Details (Attorney, Deputy, Guardian, Appointee) If there are more than 2 Operators required, an additional Account Registration Form should be completed (sections 4, 5 & 6).

Title:							
First Name(s):							
Surname:							
Date of Birth:							
Current Address:	Postcode:				Postco	ode:	
Landline:							
Mobile No:							
Email Address:							
We will use our electifyou have recently	ctronic verification system to verify each Operator. In cert y moved house and you are not yet listed on the electoral	ain roll)	circun ). We n	nstances this nay need to	s may not be ask you for a	successful ( additional id	for example dentification
				Oper	ator 1	Oper	ator 2
	ervices are available for Current Accounts <b>ONLY</b> . onfirm which services are required for the Operator(s).			Yes	No	Yes	No
Cheque Book*							
Debit Card**							

Please note that registering for internet banking will cease any paper statements being issued with immediate effect.

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Internet Banking Access\*\*\*

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<sup>\*</sup>Not available for DWP Appointee

<sup>\*\*</sup>Not available if joint signatures required

<sup>\*\*\*</sup>Only available if a mobile number is held. Not available if joint signatures required

### Section 5 - Correspondence

Please tick **ONE** of the below options for where you would like all account correspondence to be sent to. If not stated, correspondence will continue to go to the Account Holder address.

Please send all account correspondence to the Account Holder			OR
Please send all account correspondence to the address detailed below: Please note: The Account Holders living address will not change.			
Address	Postcode:		

### Section 6 - Declaration & Signature of Operator (Attorney/Deputy/Guardian/Appointee)

At the Cumberland we support all customers that may be finding it difficult to manage their finances or need extra help. There may be ways we can help to make it easier. If you have any health or personal circumstances we should be aware of, please let us know so that we can provide extra help to support you.

By signing this form, you agree to the following declarations:

- I understand my duties and any future change of circumstances will be notified to the Society when I/We become aware of them.
- I agree to be bound by the Rules of the Society and the conditions which relate to the account(s) contained in the Cumberland Savings & Current Account Terms & Conditions, the Cumberland Internet Banking Terms & Conditions (if applicable) and any other conditions which may be contained in the appropriate account leaflet.

- I authorise Cumberland Building Society to use the mobile number I provided in section 4 for SecureCall.
- I confirm I am not an undischarged bankrupt and there are no country court judgements and/or court decrees registered against me.
- I confirm the information given on this form is true.
- I jointly and severally agree to be bound by the Cumberland Card Terms & Conditions (if applicable) and consent to my personal data being transferred outside the European Union and/or European Economic Area.
- I agree that Cumberland Building Society will process my personal data in accordance with the Privacy Notice.
   I understand it can be viewed online at Cumberland.co.uk/privacy.

Name	Name
Date	Date
Signature	Signature

### **Next Steps**

Please return the completed Account Registration Form to us by post: FREEPOST, Cumberland House, Cooper Way, Carlisle, CA3 0JF or visit your local branch.

Please provide us with the original legal document to allow us to take a copy for our records. It may not always be possible to provide us with original documents. Copies of documents can be certified by a regulated professional person, such as a solicitor, accountant or bank official. We will send a letter confirming that the document has been registered and you can act on the Account Holder's behalf. If your circumstances change, please call our Customer Care team on 01228 403141 or visit your local branch.

For Internal Use Only						
Branch No. Cashier No. Cashier Name						
Section 25 Trustee (Y,	/N) SSIP Che	ck (Y/NA)	Scan Code	E-ID Reference		
New Application Attached (Y/NA)  Document Expiry Date (where applicable)						

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