

POWER OF ATTORNEY

PLEASE FULLY COMPLETE IN BLOCK CAPITALS.



POWER OF ATTORNEY HELD FOR

TITLE:	MR / MRS / MISS / MS
SURNAME:	
FORENAMES:	
SAVINGS/ MORTGAGE ACCOUNT NO.(S):	

ATTORNEY'S DETAILS

TITLE:	MR / MRS / MISS / MS		
SURNAME:			
FORENAMES:			
PERMANENT HOME ADDRESS:			
POSTCODE:			
DATE OF BIRTH:	DD	MM	YYYY
HOME PHONE:			
MOBILE PHONE:			
EMAIL ADDRESS:			

I agree to operate the account(s) in accordance with the terms and conditions originally accepted by the account holder.

I understand my authority as attorney will be extended to any additional accounts opened.

I understand that the Society will need to confirm my identity and to do this will make searches about me at a credit reference agency that will supply the information, including information from the Electoral Register. I also understand that the searches will not be seen or used by lenders to assess my ability to obtain credit. If the Society is unable to verify my name and address by this method, I will be advised of the additional documentation required

SIGNATURE OF ATTORNEY	SIGNED:		DATE:	DD	MM	YYYY
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