

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.

Department for Work & Pensions (DWP) Appointee

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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	
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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	
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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).

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Customer number: (If applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title:	<input type="text"/>								<input type="text"/>				
Full name:	<input type="text"/>								<input type="text"/>				
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address:	<input type="text"/>								<input type="text"/>				
	<input type="text"/>								<input type="text"/>				
Landline:	<input type="text"/>								<input type="text"/>				
Mobile No:	<input type="text"/>								<input type="text"/>				
Email Address:	<input type="text"/>								<input type="text"/>				

We will use our electronic verification system to verify each Operator. In certain circumstances this may not be successful (for example if you have recently moved house and you are not yet listed on the electoral roll). We may need to ask you for additional identification

If there is more than one Operator, please state whether you are acting: (Please tick)

Jointly	<input type="checkbox"/>	Jointly and Severally	<input type="checkbox"/>
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The following services are available for Current Accounts <u>ONLY</u> . Please tick to confirm which services are required for the Operator(s).	Operator 1		Operator 2	
	Yes	No	Yes	No
Cheque Book*				
Debit Card**				
Internet Banking Access***				

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

*Not available for DWP Appointee

**Not available if acting jointly or 2 signatures required

***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](https://cumberland.co.uk/privacy).

Name		Name	
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 Check (Y/NA)		Scan Code	
E-ID Ref		Document Expiry Date (where applicable)		New App (Y/NA)	