

E-Saver

Power of Attorney application form

northern
rock

Please read these notes before you fill in this form

- The account will be operated strictly in accordance with the instructions confirmed within the Power of Attorney document.
- The Power of Attorney document must accompany the application. This must be the original document or a certified copy.
- The account must be for the donor's personal use - not for or on behalf of a business, charity, club or association.
- The funds must belong to the donor.
- The donor must be 16 and all attorneys must be 18 years or over, a UK resident and use a UK address for all correspondence.
- For legal reasons we must check the identity of all attorneys if they do not have an account with Northern Rock already (see below). Please note, we may also need to check the identity of the donor.
- The account can only be operated by post via our Head Office.

Northern Rock are obliged to confirm the identity of all investors. Please refer to the 'Confirmation of identity' form within the Customer Info section of the Savings homepage at northernrock.com or contact us for further information.

Please insert the issue you wish to apply for

Please complete all sections in black ink using block capitals and put a in the appropriate boxes. If any section is incomplete we may not be able to open your account.

Personal details

	Donor	1st Attorney
Title: Mr, Mrs, Ms, Miss Other (please specify)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First Name(s) in full	<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"/>
Address (including postcode) Please note that all communications will be sent to the first attorney's address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Home telephone number	STD _____	STD _____
Daytime telephone number (if different from above)	STD _____	STD _____
	2nd Attorney	3rd Attorney
Title: Mr, Mrs, Ms, Miss Other (please specify)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First Name(s) in full	<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"/>
Address (including postcode) Please note that all communications will be sent to the first attorney's address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Home telephone number	STD _____	STD _____
Daytime telephone number (if different from above)	STD _____	STD _____

Personal details (continued)

Donor

Do you have any existing savings accounts with Northern Rock?

Yes No

If 'Yes' please provide details of your account number(s)

1st Attorney

Yes No

2nd Attorney

Do you have any existing savings accounts with Northern Rock?

Yes No

If 'Yes' please provide details of your account number(s)

3rd Attorney

Yes No

Nominated bank account

All withdrawals from the E-Saver account must be sent to a nominated bank account. This account must be suitable for receipt of electronic payments (i.e. a Current Account). Bank or building society deposit type accounts cannot be used as the nominated account. Please check with the bank or building society that they are able to accept electronic payments. Please advise us of the details of the account you wish to use. For security reasons this must be an account in the name of the donor.

Bank name

Address

_____ Postcode

Bank sort code

			—				—			
--	--	--	---	--	--	--	---	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--

Payee's name(s)

Payee's reference (if any)

Initial deposit

How will you be opening your account?

a) By cheque

Please confirm the amount

£

Please enclose the cheque with the completed application form, identity item(s) (if necessary) and Power of Attorney document. In the interest of security please make cheques payable to 'Northern Rock for the account of (insert account holder(s) name(s))' and crossed 'A/c Payee only'.

b) By electronic transfer i.e. Faster Payments Service (FPS), Bankers Automated Clearing Service (BACS), or Clearing House Automated Payment System (CHAPS)

You must return the completed application form, identity item(s) (if necessary) and Power of Attorney document.

We will then advise you of your account number and provide bank details to quote to your bank or building society for the transfer to take place.

c) By transfer from an existing Northern Rock account

Please confirm the existing account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please confirm the amount

£

To transfer the full balance, insert 'TO CLOSE' - Please note that closing interest will normally be added to the existing account before the transfer takes place.

Please ensure that the appropriate withdrawal form, Power of Attorney document and, if applicable, your existing passbook(s) are enclosed.

Please note that the terms and conditions, any notice period, charge and other withdrawal restrictions relative to your existing account will apply.

Using your personal information

The personal information you supply to us as well as information we already hold, may be used in a number of ways, for example,

- to assess and process this and future applications;
- to verify your identity;
- to prevent fraud and money laundering;
- to manage your account(s);
- for management of arrears and debt collection;
- for audit purposes, research and statistical analysis; and
- to identify other products and services which might be suitable for you (with your consent).

(a) We may share your information with, and obtain information about you from credit reference agencies or fraud prevention agencies as outlined above. This may include details of any previous or subsequent names.

(b) If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. For further details as to how your information held by fraud prevention agencies may be used please see below.

(c) In addition to the above we will not ordinarily disclose information to other organisations (including subsidiaries of ours) except to help prevent fraud, where we are required by law, permitted under the Data Protection Act or in order to process your application. Where we pass on information, this will be treated with the same degree of care.

(d) In order for us to offer you the best levels of service, we would like to provide you with information from time to time about products and services by post, fax, telephone, email or other electronic means. This may include other firm's products although we will not disclose your information to them. Please tick here if you do not wish to receive this information.

You declare that you are entitled to disclose information about all joint applicants and/or anyone else referred to by you and authorise us to search, link and/or record information at credit reference agencies about you and anyone else referred to by you.

For further information on how your information may be used by credit reference agencies, fraud prevention agencies, and ourselves, contact The Data Protection Officer, Northern Rock plc, Freepost NT45, PO Box 2, Newcastle upon Tyne NE3 4BR.

You can obtain a copy of the information we hold about you (for a fee) by writing to the above address. You also have a right to have any inaccuracies deleted or corrected.

Declaration to Northern Rock

(If there is more than one attorney all must read and sign this declaration, if the donor is able to sign he/she should also read and sign this declaration.)

1. I/We declare that the information I/we have given on this form is true and accurate and I/we will inform Northern Rock without delay, of any changes in my/our circumstances affecting any information in this form.
2. I/We declare that I/we am/are permanent UK resident(s), subject to UK tax legislation (Channel Islands and Isle of Man excluded) and will inform Northern Rock if I/we cease to be so resident.
3. The investments made into this account are invested by me/us on behalf of the donor who is the sole beneficial owner.
4. I/We have read and agree to be bound by the terms and conditions of this account.
5. I/We accept that Northern Rock will check my/our details with fraud prevention agencies and, if I/we give false or inaccurate information and fraud is suspected, Northern Rock will record this.
6. I/We understand that you may, for my/our security, record telephone conversations for the purpose of recording transactions that I/we wish to complete.

Please ensure that you print your name and address clearly on the back of any initial cheque deposit you send to us. Cheques should be made payable to Northern Rock for the account of (insert account holder(s) name(s)) and crossed 'A/c Payee only'. Cash must not be sent through the post.

Alternative format

If you require this in an alternative format such as Braille, large print, audio or interpreter services, please call our Disability Awareness Team on 0191 279 5300. Lines are open 9am to 5pm weekdays, excluding bank holidays. Calls are charged at your service provider's prevailing rate. Alternatively, our text phone number is 0191 279 8505 or you can contact us at disability.awareness@northernrock.co.uk.

These contact details should not be used for general enquiries relating to your account.

Confirmation of identity

Northern Rock takes suitable steps to check the identity of its investors and may telephone to confirm application details. We regret that it will not be possible to open an account unless suitable proof of identity is provided - funds will be returned if suitable proof of identity is not provided.

Signatures

Donor (if able to sign)

Date ____ / ____ / ____

1st Attorney

Date ____ / ____ / ____

2nd Attorney

Date ____ / ____ / ____

3rd Attorney

Date ____ / ____ / ____