

Power of Attorney/ Receiver/Deputy form

What is this form for?

This form should be used for adding an Isle of Man/Jersey Court registered Power of Attorney to an account, or a Receiver/Deputy following a Court Order. We will need to verify the information that you complete this form with. Please refer to the checklist in section 8 and our 'Documents you need to provide' leaflet for details of the documentation that you will need to enclose with this form before returning it to us.

If requested, Power of Attorneys will be granted access to telephone, online and mobile banking services as well as Visa debit cards (if available for the account), provided that the signing rules for the Power of Attorney are to sign jointly and severally and there is no complex signing mandate.

Santander International will only accept a Power of Attorney that has been registered in the jurisdiction where the bank account(s) is held. For Isle of Man situs accounts this will be the Isle of Man Courts and for Jersey situs accounts this will be the Jersey Courts. Additionally for Isle of Man situs accounts, we do not accept foreign Enduring Power of Attorney, however we can accept an Isle of Man registered Enduring Power of Attorney which will need to be provided by a Manx (Isle of Man) lawyer or solicitor. At our discretion we may accept Lasting Power of Attorney registered with the Office of the Public Guardian (or equivalent) in the UK.

How to complete this form

Please complete in BLACK INK and BLOCK CAPITALS so that your information is easy to read.

Santander International is the registered trading name of Santander Financial Services plc, Isle of Man Branch and Santander Financial Services plc, Jersey Branch.

Please return this form to: Santander International, PO Box 123, 19-21 Prospect Hill, Douglas, Isle of Man IM99 1ZZ.

If you are unable to supply one of the requested items or have any queries regarding this form, please contact us on 08000 84 28 88 if calling from a UK landline or mobile, or +44 (0)1624 641 888 if calling from overseas. Lines are open from 9am – 5pm UK time, Monday to Friday, except Wednesday when we open at 9.30am. Calls are recorded and may be monitored.

1 Existing customer details

Title
 Mr Mrs Ms Miss
 Other (please state)
 First name
 Surname
 Date of birth

Customer number
 Current residential address
 ('Care of' address(es) or P.O. Box numbers cannot be accepted)

 Postcode/Zip Code
 Country

2 Type of document

All documents must be Court registered in the jurisdiction the account is held

For accounts with our Isle of Man branch

Enduring Power of Attorney
 General Power of Attorney
 Receiver

Lasting Power of Attorney are not accepted for Isle of Man accounts.

For accounts with our Jersey branch

Lasting Power of Attorney
 Court of Protection Deputyship Order
 General Power of Attorney

Where there is more than one Power of Attorney appointed, please select the one as outlined in the Power of Attorney document

Power of Attorney to act jointly
 Power of Attorney to act jointly and severally

We will not be able to accept a Power of Attorney if there are any specific restrictions noted. An example of this would be if both have to sign where a transaction is over a certain value.

3 Power of Attorney/Receiver/Deputy details

The following section must be completed by all appointed Attorney, Receiver or Deputy as per the Court document provided.

Attorney/Receiver/Deputy

Title
 Mr Mrs Ms Miss
 Other (please state)
 First name
 Surname
 Other name(s) you are, or have been, known by

Attorney/Receiver/Deputy

Title
 Mr Mrs Ms Miss
 Other (please state)
 First name
 Surname
 Other name(s) you are, or have been, known by

3 Power of Attorney/Receiver/Deputy details (continued)

Attorney/Receiver/Deputy

Date of birth

City/town of birth

Country of birth

Your nationality(ies)
(Please list all the countries where you hold or are entitled to a passport)

Permanent residential address
(*Care of* address(es) or P.O. Box numbers cannot be accepted)

How long have you lived here?

If less than three years, please give us your previous address

How long did you live there?

If you need to detail further addresses to account for your previous 3 years' residence, please provide them on a separate piece of paper and enclose with this form.

Correspondence address if different from residential address

In which country do you spend most of the year?

Home phone number (country code/area code/contact number)

COUNTRY CODE	AREA CODE	CONTACT NUMBER
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Mobile phone number (country code/area code/contact number)

COUNTRY CODE	AREA CODE	CONTACT NUMBER
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Personal email address

Current employment details

Are you:

Employed Self-employed Student

Homemaker Retired Unemployed

If you're employed, how long have you been with this employer?

If you are self-employed, how long have you been so?

If you are retired, how long have you been so?

Please complete if you are employed or self-employed, or retired. If retired please complete the following questions for your previous occupation.

Position held

Nature of the business

Attorney/Receiver/Deputy

Date of birth

City/town of birth

Country of birth

Your nationality(ies)
(Please list all the countries where you hold or are entitled to a passport)

Permanent residential address
(*Care of* address(es) or P.O. Box numbers cannot be accepted)

How long have you lived here?

If less than three years, please give us your previous address

How long did you live there?

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COUNTRY CODE	AREA CODE	CONTACT NUMBER
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Personal email address

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Are you:

Employed Self-employed Student

Homemaker Retired Unemployed

If you're employed, how long have you been with this employer?

If you are self-employed, how long have you been so?

If you are retired, how long have you been so?

Please complete if you are employed or self-employed, or retired. If retired please complete the following questions for your previous occupation.

Position held

Nature of the business

4 Account holder(s)

Visa debit cards and our online and mobile banking services are available where:

- the Attorney signing rules permit
- the account offers online and mobile banking services
- the account offers Visa debit cards

Attorney/Receiver/Deputy

Do you want to be registered for telephone banking?

Yes No

Do you want to be registered for online banking*?

Yes No

Do you want to be registered for mobile banking*?

Yes No

* online banking is available once telephone banking has been registered, and mobile banking is available once online banking has been registered.

Do you want a Visa debit card (available on Gold Accounts, please note a maximum of two cards can be issued on an account)

Yes No

If yes, how would you like your name to appear on the card (e.g. Miss J Smith or Jane Smith)?

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Attorney/Receiver/Deputy

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5 Marketing preferences

I understand that from time to time you would like to contact me with details of other products and services you think may interest me or to get my opinion on how you are doing. I understand I can choose to stop receiving information at any time by contacting you.

First Power of Attorney/Receiver/Deputy

I have ticked any box(es) **I WOULD** like you to use:

- Post
- Phone
- Email, text, social media and messaging services
- Market research, including customer satisfaction surveys
- All of the above**

I understand that I may receive details of products and services from other Santander group companies (as described in the 'Using my personal data' booklet available on the Santander International website) if I have agreed with them to receive such information.

Second Power of Attorney/Receiver/Deputy

I have ticked any box(es) **I WOULD** like you to use:

- Post
- Phone
- Email, text, social media and messaging services
- Market research, including customer satisfaction surveys
- All of the above**

I understand that I may receive details of products and services from other Santander group companies (as described in the 'Using my personal data' booklet available on the Santander International website) if I have agreed with them to receive such information.

For multiple party accounts, if your marketing preferences selection are different we may decide not to contact you using that preference, if your individual marketing preferences are not the same.

6 Authorised signatories and declaration

Anyone who wishes to transact on this account needs to be identified as an Authorised Signatory below. If you are not identified as an Authorised Signatory then we will not accept your signature as authorisation to carry out a transaction, e.g. on a letter.

The following Authorised Signatories wish to operate this account with Santander International ('the Bank/'you').

By signing this application form I/we confirm that:

- I/We, the person(s) whose signature(s) appears on this form, declare that I/we have been appointed to act as Power of Attorney/Receiver/Deputy, as evidenced by the document provided, for the above named account holder.
- I/We confirm that we have been provided with information about how the Bank processes personal data and that we can also refer to the 'Using my personal data' booklet which can be found on Santander International's website.

- In my/our capacity as appointed Power of Attorney/Receiver/Deputy, I/we will observe the Terms and Conditions of the account.
- I/We declare that the information given is true, accurate and up-to-date and I/we authorise you to make any appropriate enquiries to obtain independent verification of any information provided in this form.
- I/We understand I/we need to tell you about any changes in circumstance relating to the Power of Attorney/Receiver/Deputy arrangement.
- I/We understand the account holder will still receive correspondence including a letter which confirms that I/we have been registered against their account(s). I/We understand this will happen even if I/we have told you that the account holder is not mentally capable of managing their own affairs.

Full name of Power of Attorney/Receiver/Deputy

Signature of Power of Attorney/Receiver/Deputy

Date

D	D	M	M	Y	Y	Y	Y
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Full name of Power of Attorney/Receiver/Deputy

Signature of Power of Attorney/Receiver/Deputy

Date

D	D	M	M	Y	Y	Y	Y
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7 Customer authorisation

The account holder must sign this section for all Court registered General Power of Attorney accounts.

By signing this application form I agree that I give my authorisation for the Attorney as named on this application to open and operate an Account with Santander International on my behalf.

Full name

Signature

Date of signature

D	D	M	M	Y	Y	Y	Y
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8 Checklist

Please use this checklist to make sure you are sending all the correct documents with your application to appoint a Power of Attorney/Receiver/Deputy.

1. **Fully** completed Power of Attorney/Receiver/Deputy form.
2. **Original** or certified copy of the appropriate Court registered document indicated in Section 2 of this form. Please see the 'Documents you will need to provide' leaflet for details of who is eligible to certify your documents.
3. Correctly certified proof of I.D. for **each** Power of Attorney/Receiver/Deputy. Please see the 'Documents you need to provide' leaflet for details of acceptable documentation and who is eligible to certify your documents.
4. **Original** or certified copy of the permanent residential address of **each** Power of Attorney/Receiver/Deputy (no more than 6 months old). Please see the 'Documents you need to provide' leaflet for details of acceptable documentation and who is eligible to certify your documents.

Santander International is able to provide this document in large print, Braille and audio CD. If you would like to receive this document in one of these formats, please contact us.