

Third party mandate form



What is this form for?

Please complete this form if you are an existing customer wishing to appoint a third party to act on your behalf. Once appointed, your third party will be able to use your account in much the same way as you do, please refer to our Third Party Guide for more information. This form does not cover Power of Attorney, Receivers or Deputies.

How to complete this form

Please complete in BLACK INK and BLOCK CAPITALS so that your instructions are 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 and supporting documentation to: Santander International, PO Box 123, 19-21 Prospect Hill, Douglas, Isle of Man IM99 1ZZ, British Isles or by one of the methods indicated on page 5.

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.

This form needs to be completed by ALL ACCOUNT HOLDERS and the third party. A separate form must be completed for each third party appointed. IMPORTANT: Please refer to section 6 for identification documents required.

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.

1 Details of existing account and account holder(s)

Please enter your customer reference number

Full name of first account holder

Full name of second account holder (if applicable)

Please give the reason for appointing a third party to operate your account and your relationship with the third party.

2 Details of third party – A SEPARATE FORM MUST BE COMPLETED FOR EACH THIRD PARTY APPOINTED

Title

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

First name

Middle name(s)

Maiden name, or any other name(s) you are, or have been, known by

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)

Home phone number

Mobile phone number

Personal email address

Permanent residential address ('Care of' address(es), P.O. Box numbers and correspondence addresses cannot be accepted)

Postcode/Zip Code

Country

Are you:

Employed ☐ Self-employed ☐ Student ☐

Homemaker ☐ Retired ☐ Unemployed ☐

Position held

Nature of the business

[illegible]

<p>Do you want to be registered for online banking*?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you want to be registered for mobile banking*?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>* online banking is available once telephone banking has been registered, and mobile banking is available once online banking has been registered.</p> <p>Do you want a Visa debit card (available on Gold bank accounts, please note a maximum of two cards can be issued on an account)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how would you like your name to appear on the card (e.g. Miss J Smith or Jane Smith)?</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<p><input type="checkbox"/> From time to time we also like to send you details about our products and services. Please tick this box if you are happy to receive marketing communications from us.</p>

By signing this application form I/we agree that:

- I have completed all relevant sections of this application form and authorise Santander International to obtain independent verification of any information provided
- I confirm that I have been provided with information about how the Bank processes personal data and that I can also refer to your 'Using my personal data' booklet which has been previously provided to me and can be found on Santander International's website

- Signature of third party

Print full name

Date

D

D

M

M

Y

Y

Y

Y

5 Customer authorisation

- With effect from the date of this form, I/we authorise the Bank to accept all instructions relating to any of my/our account(s) by the third party named overleaf. This authority does not make the third party an owner of my/our account(s) nor allow the third party to change the details of the account holder(s) such as name, address, phone or email, nor add or delete signatories to the account(s)
- I/We confirm that all instructions given to the Bank by the third party named overleaf in relation to any of my/our account(s) shall be deemed to be given by me/us and I/we hereby indemnify the Bank and will keep the Bank indemnified against all actions, proceedings, liabilities, claims, damages, costs and expenses in relation to the Bank acting on such instructions
- I/We authorise the Bank to debit my/our account(s) under the reference number as provided above, in respect of all such amounts chargeable to me/us as a result of the Bank receiving and acting upon instructions in accordance with this arrangement, notwithstanding that any such instruction might cause my/our account(s) to become overdrawn or might increase an existing overdraft

- I/We acknowledge that all account holders to a joint account shall be responsible, both jointly and as individuals, for any amount(s) owing to the Bank on the account(s)
- This authority shall extend to requests for information regarding any of my/our account(s) as the third party may require. My account(s) must be operated within the Bank's published Terms and Conditions, of which the third party acknowledges by signing this form. This authority will remain in force until cancelled by me/us in writing
- I/We confirm that, on an ongoing basis, the Bank is under no obligation to ascertain or to enquire into the purpose for which any of the above powers are exercised

This authority is automatically terminated upon the notification to the Bank of the death, mental incapacity or bankruptcy of any one of the named account holders or third party mandate holder. This authority will also terminate when a request is received to register a Power of Attorney, Receiver or Deputyship Order of any one of the named account holders or third party mandate holder.

All account holders must sign this form.

Signature of first account holder

Print full name

Date

D	D	M	M	Y	Y	Y	Y
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Signature of second account holder (if applicable)

Print full name

Date

D	D	M	M	Y	Y	Y	Y
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Note: If, because of physical illness or disability, an account holder is either unable to sign or has difficulty signing, he/she may make a mark. This must be witnessed by the account holder's medical practitioner, who should also complete section 6 of this form.

6 Details of the medical practitioner witness (if applicable)

If, because of physical illness or disability, an account holder is either unable to sign or has difficulty signing, he/she may make a mark. This must be witnessed by the account holder's medical practitioner. We reserve the right to seek additional proof of identity of the witness. When witnessing the form, the medical practitioner must accept the following declaration against his/her signature:

Print full name

Address

Postcode/Zip Code

Country

Occupation

Declaration: In my opinion, at the time of signing or making a mark, the account holder was capable of understanding this agreement.

Signature of Witness

Contact phone number

Date

D	D	M	M	Y	Y	Y	Y
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7 Identification verification – THIRD PARTY ONLY

We need to have documentation for third parties that verifies (a) your identity and (b) your permanent residential address.

A. Proof of identity

EACH THIRD PARTY must provide a current passport or photographic identification document. The document must clearly show all of the following information:

- | | |
|---|--|
| 1 Full name | 7 Date of issue |
| 2 Passport or identification document number | 8 Expiry date (must be in date) |
| 3 Place of issue | 9 Nationality |
| 4 Photograph (must be good quality and clear likeness) | 10 Date and place of birth |
| 5 Signature | 11 Gender |
| 6 Country of issue | |

PLEASE NOTE:

- If you have recently changed your name, and it is not reflected on your passport or photographic identification document, you will also need to provide additional documentation, for example a certified copy of your marriage certificate or deed poll
- Where your signature does not appear on your passport's photograph page, please ensure that the certified copy shows both pages

B. Proof of permanent residential address

EACH THIRD PARTY must provide one of the documents listed below. With the exception of the photographic driving license or national identity card, the document must **NOT BE MORE THAN SIX MONTHS OLD** and must show your name and permanent residential address. If you have used a national identity card as your proof of identity then you will need to provide a different proof of address document.

- 1** Utility bill (mobile phone bills not accepted)
- 2** A recent account statement from a regulated bank, building society or credit card company
- 3** Local rate assessment or local taxes bill (dated within the current year)
- 4** Personal tax assessment
- 5** A recent mortgage statement from a regulated lender
- 6** A valid photographic driving license or national identity card that states the full address – this cannot be the same document used to verify the applicant's identity
- 7** A letter from an employer signed by a director/manager, confirming the applicant's residential address. This must be provided on company letterhead
- 8** A letter from a care home senior employee confirming each applicant's full name and how long they have been resident in the care home, and must be provided on company letterhead (for Isle of Man and Jersey residents only)
- 9** If you are under 18 and living at home with your parents/guardian, we appreciate that you may not have one of the above forms of proof of address. If this is the case, then we can accept a letter from your local government addressed to you, for example from Jersey's social security office or from the Isle of Man tax office. If you do not have such a letter then we can accept an attestation from your parent/guardian, using our Parent/Guardian attestation form together with one of the above proof of address documents in their name. If your parent/guardian is an existing customer with us then they only need to complete the attestation form. The Parent/Guardian attestation form is available on our website or by contacting us.

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7 Identification verification – THIRD PARTY ONLY (continued)

How we can accept documentation

We can accept documentation in the following ways from Isle of Man and international customers, including the UK. Our requirements are slightly different for Jersey residents, who should read the 'Important information for Jersey residents' box below for how we can accept documentation from them.

Electronically

Identification documents: A clear scanned copy of the document supported with a picture of the customer holding the identification document next to their face can be emailed to us. Alternatively, a Santander International member of staff can arrange a video call to verify your identification document. Please call us to arrange a video call appointment.

Proof of Address documents: A clear scanned copy of the document can be emailed to us. If your proof of address document is from an online source then we will also require a copy of the email from the supplier in support of the document (e.g. an email from the supplier advising the online document is now available).

In person

If you are able, please bring your original documents to us at either our Isle of Man or Jersey Work Cafés and we will take copies of them whilst you wait. Our Isle of Man Work Café is at Market Hall, North Quay, Douglas IM1 2BQ and our Jersey Work Café is at 13-15 Charing Cross, St Helier JE2 3RP.

By post

If you are returning your documentation by post, please send certified copies (not originals) to: Santander International, PO Box 123, 19-21 Prospect Hill, Douglas, Isle of Man IM99 1ZZ, British Isles. Please see the 'Who can certify your documents' section below for further details.

IMPORTANT INFORMATION FOR JERSEY RESIDENTS:

If you are a resident of Jersey, your account is or will be located in Jersey (known as Jersey situs) and Jersey regulatory requirements differ to those outlined above which apply to Isle of Man situs accounts.

Your identification document must either be an original or a certified copy, delivered in person or by post as it cannot be accepted electronically. We may be able to accept proof of address documentation electronically if your only proof of address is from an online source. If this is the case, please contact us.

Who can certify your documents

If you are not providing an original document, then you will need to have a professional person, such as someone from the below list, undertake the certification of your document:

- Qualified and practising lawyer, member of the Judiciary or senior civil servant
- An individual who is a member of a professional body such as ACCA, ACA or ICSA, or a Chartered Legal Executive
- A Director, Officer (meaning a key person or senior member of staff), Board Member or Company Secretary currently employed by a regulated financial services business that operates in a well-regulated country
- Staff member currently employed by a UK, Channel Islands or Isle of Man regulated bank
- Serving Police or Customs officer
- Serving Government official
- Consular official of an Embassy High Commission or Consulate of the country of issue of the document
- A Doctor or State Registered Nurse (for Isle of Man and Jersey residents only)
- A Santander employee

THE CERTIFIER MUST BE INDEPENDENT OF THE INDIVIDUAL FOR WHOM THE CERTIFICATION IS BEING PROVIDED. THEY CANNOT BE A FAMILY MEMBER OR ASSOCIATED IN ANY WAY WITH YOUR ACCOUNT(S). WE RESERVE THE RIGHT TO SEEK ADDITIONAL PROOF OF IDENTITY OF THE CERTIFIER.

Instructions for the Certifier

1. The Certifier should take a clear copy of the original document and then certify it. We can only accept certifications using the exact wording indicated below:

Identification document

'I certify that I have seen the original document and this copy is a complete and accurate copy of the original document. The photograph contained in the document certified bears a true likeness to the person requesting this certification.'

Address document

'I certify that I have seen the original document and this copy is a complete and accurate copy of the original document.'

2. The following information should be added to the copy of the original document by the Certifier:

- | | | |
|---|---|------------------------------------|
| ◦ Certifier's name | ◦ Certifier's regulatory body (if applicable) | ◦ Certifier's signature |
| ◦ Certifier's position | ◦ Certifier's business name and address | ◦ Certifier's stamp (if available) |
| ◦ Certifier's registration number (if applicable) | ◦ Certifier's contact number | ◦ Date of certification |