

# Personal Account Application for a Power of Attorney Account



It is a requirement of the law that we can satisfy ourselves as to the identity and address of the Customer and all Attorneys. We're required by law to verify we have the correct identity and address for our customers and any Attorneys. We'll need to undertake electronic searches before opening your account. Please make sure you provide all the necessary ID documents, and the Power of Attorney document or access code.

If the customer lives in a care home, we'll need a letter from the care home to confirm this.

Name of applicant:

If you have an online account number for the customer, please add it here:

## Attorney's Personal Information

You may have more than one Attorney. Each Attorney will need to be authorised on the Power of Attorney document.

	Attorney 1	Attorney 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text"/> Other
Full name	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/> Postcode	<input type="text"/> Postcode
Time at address	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months
Previous address (if you've changed your address in the last 12 months)	<input type="text"/> Postcode	<input type="text"/> Postcode
Date of birth (minimum age 18 years old)	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
Mobile/telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
		Alternative mailing address <input type="text"/> Postcode

We'll use the address for Attorney 1 to send all future correspondence. If you'd like the correspondence sent to a different address, please add it in the box on the right.

We may make searches about you at credit reference agencies who'll supply us with information, including information from the Electoral Register, so we can verify your identity. The agencies will record details of the search. The searches will not be seen or used by lenders to assess your ability to obtain credit. This information may also be used for the prevention of money laundering. Alternatively, we may ask you to prove physical forms of identification. If you're providing information about another individual, we'll assume that you've told them that you're sharing their details and where they can find more information on how we may process their details. You can find out more about how we use your information at [hodgebank.co.uk/privacy](http://hodgebank.co.uk/privacy) or you can call us on 0800 028 3746.

**Attorney 3****Attorney 4**

Title  Mr  Mrs  Miss  Ms

Other

Full name

Current address

Postcode

Time at address  Years  Months

Previous address  
(if you've changed your address in the last 12 months)

Postcode

Date of birth  
(minimum age 18 years old)

D  D  M  M  Y  Y

Mobile/telephone number

Email address

Mr  Mrs  Miss  Ms

Other

Current address

Postcode

Years  Months

Postcode

D  D  M  M  Y  Y

You may have been asked to provide ID documents during the online application process for the donor. If this is the case then please provide those documents along with this information form and the Power of Attorney document. If the customer is a resident in a Care Home, please ensure that a letter that confirms this residency is included.



0800 028 3746



deposits@hodge.co.uk



hodgebank.co.uk

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