

Registration form for Power of Attorney (POA) or Court of Protection (COP)



Introduction

This form should be completed if you're acting, or wish to act, on behalf of a Leek Building Society member under a valid Power of Attorney or Court of Protection Order and would like us to register the authority on their account(s).

Once a Power of Attorney or Court of Protection order has been registered with us, it will **apply to all eligible accounts** held by the member (Donor). There's no need to register it separately for each account.

Before you start

Before you start, have these documents and details ready:

- The Power of Attorney or Court of Protection document
- Your identification documents
- The member (Donor's) personal details
- The Online LPA Viewing Code, if you have one

If you need help completing this form, or you'd like this in a different format, please call us on 0808 281 9308 or pop into your local branch.

Section 1: Member (Donor)

Name	Title	First Name(s)	Surname
Date of birth			
Current address			
	Postcode		

If you have a secure access code (V-Code), please enter it below.

Please note: Your code is valid for 30 days from the date it is issued. If you have any issues with your code, please contact the Office of the Public Guardian.

Online LPA viewing code V - -

Section 2: Capacity Declaration

As part of our checks, we may contact the member (the donor) to confirm the authority, discuss their requirements or clarify account instructions.

To help us manage the account(s) correctly, please choose one of the following options:

☐

The member (Donor) is mentally capable of managing their own financial affairs.
All Attorneys must sign the declaration in Section 7.

☐

The member (Donor) isn't mentally capable of managing their own financial affairs.
If you select this option, we would no longer accept instructions from the member (Donor) directly.
All Attorneys must sign the declaration in Section 7.

Section 3: Attorney/Deputy details

Details of Attorney 1/Deputy 1

Name

Title

First Name(s)

Surname

Address

Date of birth

Phone number

Email

Details of Attorney 2/Deputy 2

Title

First Name(s)

Surname

Details of Attorney 3/Deputy 3

Name

Title

First Name(s)

Surname

Address

Date of birth

Phone number

Email

Details of Attorney 4/Deputy 4

Title

First Name(s)

Surname

Section 4: Main contact details

Which contact details should we use for account information and other communications?
Please select **one option**.

☐

Member
(Donor)

☐

Attorney 1/
Deputy 1

☐

Attorney 2/
Deputy 2

☐

Attorney 3/
Deputy 3

☐

Attorney 4/
Deputy 4

Section 5: Identification Requirements

You'll need proof of identity and address for each Attorney or Deputy. Please see our "Proving your identity" leaflet for accepted documents.

Section 6: How we use your information

The Society will process personal information relating to members (Donors), Attorneys and Deputies for the purposes of verifying authority, administering accounts, complying with legal and regulatory obligations, and preventing fraud and financial crime. Further information can be found in our Privacy Notice, available on our website, <https://www.leekbs.co.uk/privacy/> or from any branch.

Section 7: Declaration

We agree that the Attorney(s)/Deputy(ies) named in this registration can act on the account(s) in accordance with the terms and limitations of the registered Power of Attorney/Court of Protection Order.

If you're registering a Power of Attorney, all Attorneys named on the registration must sign below.

If you're registering a Court of Protection Order, all Deputies must sign below.

Attorney 1/Deputy 1 signature

Date

Attorney 2/Deputy 2 signature

Date

Attorney 3/Deputy 3 signature

Date

Attorney 4/Deputy 4 signature

Date

Office Use Only

Customer no:							ID received:	☐	Branch name:	
Colleague name							Date:			
Input by:							Date:			