



Third Party Mandate

(Your consent for us to deal with someone else on your behalf)

Important Notice

We treat the processing of your personal information and the protection of your legal right to privacy as an important matter. Please note that by signing this document you are instructing us to disclose your personal information to a 3rd party (i.e. individual other than yourself). Unless we have your consent to deal with another person we will not disclose your information to anybody else unless we have a legal obligation to do so. **Please note that this authority will remain in place until you advise us that it is no longer required or if you lose mental capacity.**

I/we authorise you, with immediate effect, to accept and to debit the account(s) described below (the **account(s)**) with all cheques, withdrawal forms, promissory notes or other orders signed by, and to act on the written instructions of, the individual named below (the **nominated person**)

Please complete all sections:

*Account name

*if you wish to add your nominated person as a third party signatory to any other account(s) you hold with us, please insert account details below;

Account number.....	Sort Code
Account number.....	Sort Code
Account number.....	Sort Code
Account number.....	Sort Code

This Third Party Mandate will allow the nominated person the below access to your account

- Obtain information such as account balances, rate of interest, Interest Certs and request statements
- Issue a cheque payable to you to the residential address we hold on our system
- Make a withdrawal to your nominated account we already hold
- If applicable make payments direct to a care home
- Deposit cash and cheques
- Access to telephone banking on your account
- If you hold a Bond, give reinvestment instructions on your behalf (this does not include payaway)

Your nominated person can action any of the above by calling us on **0345 602 3409** or writing to us at:
Post Office Money Savings, PO Box 87, Armagh BT61 0BN

Your nominated person cannot:

- Change the type of account(s) you have.
- Change your name, address or contact details.
- Set up/amend or cancel standing orders or direct debits on the account(s)
- Operate on-line banking facilities on the account(s)
- Open or close account(s) on your behalf.
- Obtain a ATM card or PIN
- Obtain, use or request a new 6Digit Security Number

You are only permitted to allow one nominated person to your account.

The details of your **nominated person** (we will need to see two forms of identification acceptable to the Bank for your nominated person. A list of acceptable documents can be provided on request)

Mr/Mrs/Miss (delete as appropriate)

First Name

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Surname

D.O.B

Address

Post Code

Contact telephone number

Contact email address

Mother's Maiden Name

Reason for Third Party Access

This section should be completed by the Account Holder(s)

By signing this Third Party Mandate I understand and acknowledge that:

1. The Terms and Conditions of the account(s) and the authority that I have already given to you both continue to apply
2. I will notify you in writing if I wish to amend or cancel this Third Party Mandate
3. I will remain entirely responsible at all times for monies due, liabilities, demands, claims, losses, costs and expenses including those incurred under this Third Party Mandate in any manner whatsoever including, but not limited to, any charges incurred as a result of the account becoming overdrawn
4. I agree to draw the attention of the nominated person to the documents that are required by the Bank to confirm their identity and address and which must be retained by you to enable you to operate this Third Party Mandate

Account Holder*

** Must be signed in accordance with your existing Account Mandate*

(Joint) Account Holder*

Date: (day) (month) (year)

This section should be completed by the Nominated Person

By signing this Third Party Mandate I understand and acknowledge that:

1. I am authorising and consenting to Bank of Ireland UK carrying out its standard identity checks against me
2. I am agreeing to the Terms and Conditions of the account(s)
3. I am consenting to you holding my personal information**
4. I will notify you of any changes to my contact details

Nominated Person

Date: (day) (month) (year)

**Full details about how your information is used by Post Office Limited (Post Office) and Bank of Ireland (UK) plc (Bank of Ireland) can be found in the Post Office Privacy Policy (<https://www.postoffice.co.uk/privacy>) and the Bank of Ireland Privacy Notice (www.bankofirelanduk.com/po-notice) which outline the type of personal information we collect, how we use it, who we share it with and your rights.

Please return this form together with two forms of identification for your nominated person (one to verify name and one to verify address, please see the '**Allowing Someone Else to Help with Your Accounts**' leaflet for more detail on what type of documents we will accept and how to certify them) to **Post Office Money Savings, PO Box 87, Armagh BT61 0BN.**

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