

Power of Attorney Declaration

Section 1 – Customer details (donor – the account holder)			
Customer name			
Account number(s)			
Section 2 – Attorney details			
Attorney 1		Attorney 2	
Full name		Full name	
Address		Address	
Contact number		Contact number	
Email address		Email address	
Data Protection – Information supplied will be held in accordance with our privacy policy. This can be found at principality.co.uk/privacy-policy			
Section 3 – Authorisation details			
Please confirm who can operate the account(s) (tick one)		<input type="checkbox"/> Attorney only	<input type="checkbox"/> Donor and attorney
Section 4 – Declaration			
I/we, the named attorney(s), confirm and agree the following			
<ul style="list-style-type: none">• I/we will follow the terms and conditions of the donor's accounts.• I/we are aware of our obligations and responsibilities under the Power of Attorney and will notify Principality immediately if the POA is amended or ceases to be valid.• Where I/we are registering an Enduring Power of Attorney, I/we confirm either<ul style="list-style-type: none">– That the donor has not lost mental capacity, nor is in the process of doing so, or,– If the donor has lost mental capacity or is becoming mentally incapable, the Enduring Power of Attorney has been registered at the Office of the Public Guardian.• I/we declare that the information I have provided with this form is true, complete and accurate.			
Section 5 – Signature(s) of attorney(s)			
Where the POA is held jointly, both attorneys must sign below. Where the POA is held jointly or severally, the attorney(s) who intend to operate the account at the time of completing this form must sign.			
Signature 1		Signature 2 (if required)	
Print name		Print name (if required)	
Date		Date	