

Adding an Authorised Third Party

This form is required when registering an Operator to help manage an existing account held with Kent Reliance.

1. Customer Details

Please use black ink and write in CAPITALS.

Name

Date of birth / / (DD/MM/YYYY)

Does the account holder have the mental capacity to manage their own finances? Yes No*

*Please note, we may require evidence.

To help us identify the account holder's details, please provide the account holder's address:

Property number and/or

Property name

Street

Town

County

Postcode

Does the account holder hold Savings accounts with Kent Reliance?

Yes If known, please provide an account number Unknown

2. Third party authority type

OPG Registered **Lasting Power of Attorney** (LPA)

If available - LPA Office of public guardian access code

OPG Registered **Enduring POA** (EPA)

Unregistered **Enduring Power of Attorney** (EPA)

Unregistered **Ordinary/General Power of Attorney**

Court of Protection (COP)

3. Authorised Third Party (e.g. Spouse)

Please complete this section 3 for all Attorneys / deputies who are individuals and are to be registered with Kent Reliance. If you are appointed as an Attorney in your professional capacity (Solicitors, Local Authority) please complete section 4.

Important - For any authority where the parties are to act in a Joint capacity all parties named must be registered.

Third Party 1

Forename

Middle name(s)

Surname

Date of birth / / (DD/MM/YYYY)

Preferred contact number

Property number and/or

Property name

Street

Town

County

Postcode

Email

Relationship to customer

Third Party 2

Forename

Middle name(s)

Surname

Date of birth / / (DD/MM/YYYY)

Preferred contact number

Property number and/or

Property name

Street

Town

County

Postcode

Email

Relationship to customer

Third Party 3

Forename

Middle name(s)

Surname

Date of birth / / (DD/MM/YYYY)

Preferred contact number

Property number and/or

Property name

Street

Town

County

Postcode

Email

Relationship to customer

Third Party 4

Forename

Middle name(s)

Surname

Date of birth / / (DD/MM/YYYY)

Preferred contact number

Property number and/or

Property name

Street

Town

County

Postcode

Email

Relationship to customer

4. Corporate Authorised Third Party (e.g. Solicitor)

Business Name

Department (if applicable)

Business Type Solicitors Local Authority Other

Business Registration Number (e.g. Company CRN, Solicitors Regulation authority ID)

Authorised person

Name

Contact email

Contact telephone number

Additional Authorised person

Name

Contact email

Contact telephone number

Registered Business Address

Property number and/or
Property name
Street
Town
County
Postcode

Correspondence Address (if differs from Business Address)

Property number and/or
Property name
Street
Town
County
Postcode

5. Communications

In some circumstances, communications **may** be sent to the **account holder(s)** and all registered third parties (for example where a third party or organisation is removed from the account).

6. Further support managing the account

Do you need additional support due to your personal circumstances? For example, you may have been diagnosed with an illness, or experienced a life event such as bereavement.

Yes No

If you've ticked yes, please contact us by calling **0345 122 1120** where a member of our Customer Services team will be able to discuss this with you further.

Please note, we can also provide literature in Large print, Braille or audio. Should you require any document in an alternative format please also call us on the number above.

7. How we use your personal information

For more information about how we may process your personal data please visit:

kentreliance.co.uk/legal/privacy-policy

8. Declaration

All parties to read and sign in the space provided below to confirm:

1. I/We have read the Privacy Notice located on the Kent Reliance website kentreliance.co.uk/legal/privacy-policy
2. As the authorised third party I/we will act in line with the authority as set out in the legal document provided and will operate the account on behalf of and for the benefit of the account holder(s).
3. I/We understand that the account holder(s) are the beneficial owner(s).
4. I/We declare that, to the best of my knowledge and belief, the information I/We have given on this form is true.
5. I/We are aware that confirmation may be sent to the account holder and/or other authorised third parties to confirm registration.

Third Party 1

Name
Signature
Date

Third Party 2

Name
Signature
Date

Third Party 3

Name
Signature
Date

Third Party 4

Name
Signature
Date