

Registration of Court of Protection Order (COP)



Nationwide Building Society

- Before you complete this form, please see how Nationwide uses your information by visiting nationwide.co.uk/privacy
- A separate form must be completed for each account holder
- A Deputy cannot be registered on: Treasurers Trust, Child Trust Fund and Business Investor
- This form will be scanned electronically; please write INSIDE the boxes in BLOCK CAPITALS using black ink as this will help us to process your request faster
- Please DO NOT cross out any sections that you do not need to complete

Account Details

List accounts on which the Deputy is to be registered, starting with current accounts. Please state whether they are appointed Jointly (J) (MUST all act together) or Jointly & Severally (S) (can act separately/independently). Deputies who must act together must be registered at the same time.

Please check the account terms and conditions before completing this form if you are requesting both representatives to act jointly. Cards and Cheque books are not provided in this instance.

	Sort code / Prefix	Account number	Jointly	Severally
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the Court of Protection is to be applied to more than four accounts, please mark X in this box and list them on a separate sheet.

If you would like to register all accounts, please tick the box

Section A – Account Holder's Details

Title (please mark X in the box that applies to you or state your title) Mr Mrs Miss Ms Other

Please enter ALL forenames

Surname

Permanent residential address
Property number and/or Property name

Street

Town Postcode

Date of birth

Section B – Deputy 1 Details

Professional Deputy (e.g. Solicitor) for contact/correspondence complete Title, forenames, Surname, **BUSINESS** address, contact telephone number, DOB & Nationality.
Deputy for contact/correspondence complete Title, Forenames, Surname, **PERMANENT** residential address, contact telephone number, how long at address, DOB & Nationality.
 If the Deputy has any accounts with Nationwide please give ONE of the account numbers, including sort code. We may use this information to link to any account information we already hold about you. You don't need to give this information if you would prefer not to.

Deputy 1

Sort code (if any) Account number

Title (please mark X in the box that applies to you or state your title) Mr Mrs Miss Ms Other

Please enter ALL forenames

Surname

Permanent/Business address
Property number and/or Property name

Street

Town Postcode

Contact telephone number* Extension (if applicable)

When did you start living there?

Date of birth Nationality (required for regulatory reasons)

We'll sometimes use this phone number to get in touch about the application, or tell you something important about the account.

*By providing your mobile number, we are automatically enrolling you into our texts alerts for unarranged overdrafts. Following your enrolment, if you wish to unsubscribe, please go to nationwide.co.uk/textalerts

Section C – Deputy 2 Details

If the Deputy has any accounts with Nationwide please give ONE of the account numbers, including sort code. We may use this information to link to any account information we already hold about you. You don't need to give this information if you would prefer not to.

Deputy 2

Sort code (if any)

Account number

Title (please mark X in the box that applies to you or state your title)

Mr Mrs Miss Ms Other

Please enter ALL forenames

Surname

Permanent/Business address

Property number

and/or Property name

Street

Town

Postcode

Contact telephone number*

We'll sometimes use this phone number to get in touch about the application, or tell you something important about the account.

Extension (if applicable)

When did you start living there?

Date of birth

Nationality

(required for regulatory reasons)

*By providing your mobile number, we are automatically enrolling you into our texts alerts for unarranged overdrafts. Following your enrolment, if you wish to unsubscribe, please go to nationwide.co.uk/textalerts

Section D – Correspondence

Please select one recipient only for the following options:

Correspondence Address - for all future mailings including statements

Use account holder's address

Change address to Deputy 1

Change address to Deputy 2

Section E – Requirements for Savings Accounts with cards

We are only able to issue a card to ONE Deputy, which will replace the one(s) previously held by the account holder. Any ATM card held in the account holders name will cease to be valid once one has been requested for/by a Deputy.

Account 1 Deputy 1 or Deputy 2

Account 2 Deputy 1 or Deputy 2

Account 3 Deputy 1 or Deputy 2

Account 4 Deputy 1 or Deputy 2

Section F - Requirements for Current Accounts

Some of our card accounts offer additional facilities for multiple Deputies. This is on specific current accounts only at this time. If this facility is available on any of the stated accounts, please state your preferences below.

Cards - Please mark an X in the applicable box, only one card can be issued per an account holder.

Account	<input type="checkbox"/> 1	Deputy 1	<input type="checkbox"/>	or	Deputy 2	<input type="checkbox"/>
Account	<input type="checkbox"/> 2	Deputy 1	<input type="checkbox"/>	or	Deputy 2	<input type="checkbox"/>
Account	<input type="checkbox"/> 3	Deputy 1	<input type="checkbox"/>	or	Deputy 2	<input type="checkbox"/>
Account	<input type="checkbox"/> 4	Deputy 1	<input type="checkbox"/>	or	Deputy 2	<input type="checkbox"/>

Chequebooks - Please mark an X in the applicable box(es)

Account	<input type="checkbox"/> 1	Deputy 1	<input type="checkbox"/>	and/or	Deputy 2	<input type="checkbox"/>	All	<input type="checkbox"/>
Account	<input type="checkbox"/> 2	Deputy 1	<input type="checkbox"/>	and/or	Deputy 2	<input type="checkbox"/>	All	<input type="checkbox"/>
Account	<input type="checkbox"/> 3	Deputy 1	<input type="checkbox"/>	and/or	Deputy 2	<input type="checkbox"/>	All	<input type="checkbox"/>
Account	<input type="checkbox"/> 4	Deputy 1	<input type="checkbox"/>	and/or	Deputy 2	<input type="checkbox"/>	All	<input type="checkbox"/>

Statements - Please mark an X in the applicable box(es)

N.B. At least one deputy must receive statements

Account	<input type="checkbox"/> 1	Deputy 1	<input type="checkbox"/>	and/or	Deputy 2	<input type="checkbox"/>	All	<input type="checkbox"/>
Account	<input type="checkbox"/> 2	Deputy 1	<input type="checkbox"/>	and/or	Deputy 2	<input type="checkbox"/>	All	<input type="checkbox"/>
Account	<input type="checkbox"/> 3	Deputy 1	<input type="checkbox"/>	and/or	Deputy 2	<input type="checkbox"/>	All	<input type="checkbox"/>
Account	<input type="checkbox"/> 4	Deputy 1	<input type="checkbox"/>	and/or	Deputy 2	<input type="checkbox"/>	All	<input type="checkbox"/>

Section G - Declaration and Indemnity

I (each of us where more than one has been appointed) as Deputy for the account holder named on page one of this form agree:

- that I am not bankrupt and will notify the Society if bankruptcy proceedings are taken against me;
- to act in accordance with the authority granted in the Court of Protection Order and the terms and conditions of the account(s) over which I have authority;
- I have been provided with copies of the terms and conditions of these accounts;
- to notify the Society of any change of address to either the account holder or any of the Deputies;
- to indemnify the Society against any claims, proceedings, damages or expenses by reason of it acting in accordance with my instructions;
- if I have marked X in this box [] the account holder is mentally or physically incapable. We will use this information to ensure the member is supported appropriately.

Deputy signature

1 Signature of first named Deputy
PLEASE SIGN WITHIN THIS BOX

Deputy signature

2 Signature of second named Deputy
PLEASE SIGN WITHIN THIS BOX

Date (please write INSIDE the boxes)

D	D	M	M	Y	Y	Y	Y
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Office use only

Sig(s) checked

Official docs seen

Employee number

Date

D	D	M	M	Y	Y	Y	Y
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Branch

Portrait Record created & ID confirmed for all Deputies

Employee number

Confirmed correspondence address

CIS Number for Deputy

CIS Number for Deputy

