

Court Order Registration (Court of Protection)



Protected



Please ensure that all details are completed in full in **BLOCK CAPITALS** and tick boxes where applicable. This application form is for personal customers only and should be completed using **BLACK INK**. Boxes marked with an asterisk(*) must be completed. Failure to complete these boxes will result in the application form being returned to you.

Account Number(s) (all)

Account No:		Account No:	
Account No:		Account No:	
Account No:		Account No:	
Account No:		Account No:	
Account No:		Account No:	

Owner and Beneficiary

Deputy 1 (To be used for Correspondence Address)

*Title (Mr/Mrs/Miss/Ms/other)		*Title (Mr/Mrs/Miss/Ms/other)	
*First name(s):		*First name(s):	
*Surname:		*Surname:	
*Address:		*Address:	
*Postal Town:		*Postal Town:	
*County:		*County:	
*Postcode:		*Postcode:	
*Date of Birth:		*Date of Birth:	
NI Number:		NI Number:	
*Tel Home:		*Tel Home:	
Mobile:		Mobile:	
Email:		Email:	
*Nationality:		*Nationality:	
*Country of residence:		*Country of residence:	

What is your preference as to how you are contacted, ie telephone, mobile, email or post:

Please tick to confirm that you have received the Financial Services Compensation Scheme Information and Exclusions sheet.

Deputy 1 Deputy 2

Deputy 2

*Title (Mr/Mrs/Miss/Ms/other)	
*First name(s):	
*Surname:	
*Address:	
*Postal Town:	
*County:	
*Postcode:	
*Date of Birth:	
NI Number:	
*Tel Home:	
Mobile:	
Email:	
*Nationality:	
*Country of residence:	

Number of Nominated Deputies to operate the account:

On the Court of Protection document, if the deputies are appointed to act jointly and severally, a single deputy may be nominated to manage the account(s). It is important to note that if this is the case, the remaining deputy would need to be registered with the Society before they could manage the account(s) in the future.

IDENTIFICATION REQUIREMENTS

Proof of identity is required for all applicants before we can open an account or register a Court of Protection. Please see our 'Proving Your Identity' leaflet for full details.

*Is the Owner and Beneficiary resident anywhere other than the UK
No: Yes:

If "YES" you will need to complete a separate tax residency self certification form.

Continued Overleaf

AGREEMENT TO ASSIGN

IF YOU HAD A SHARE ACCOUNT WITH THE SOCIETY ON 23 JANUARY 2000 AND HAVE KEPT A SHARE ACCOUNT EVER SINCE THAT DATE, THE WORDING IN PARAGRAPHS 1 TO 3 BELOW DOES NOT APPLY TO YOU.

1. By applying to open a share account on or after 24 January 2000, I agree with the Society and the Charities Aid Foundation ("the CAF") that I will assign to the CAF (or to any charities nominated by it or by the Society under the provisions of a deed dated 21 January 2000 between the Society and the CAF, in which case references to the CAF shall include references to any other charities, but to no other person) the rights to any relevant conversion benefits (defined below). This obligation will not apply to me if I fall within any class of persons which, as at today's date, the Society wishes to be excluded from such obligation. This agreement is irrevocable and authorises the Society to transfer to the CAF any such benefits without further notice to me. I understand that neither the Society nor the CAF will release me from this agreement or vary its terms and (except as set out in paragraph 2 below) I will continue to be bound by the above condition even if the Society decides at some time in the future (and announces any such decision by press release) that it is no longer in the best interests of the Society to continue with the above assignment condition generally in respect of new members.
- 2 (a) "Relevant conversion benefits" means any benefits to which I might become entitled as a shareholding member of the Society under the terms of any further transfer of the Society's business to a company (i.e. on a conversion or takeover) which is completed at any time within the five years immediately following the date on which my share account is opened. "Relevant conversion benefits" does not include the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company on a conversion or takeover.
- 2 (b) If the Society merges with any other society after the date of such merger, the "Society" includes such other society.
3. I authorise the Society to pass to the CAF such information relating to me and my accounts with the Society as the CAF may reasonably require in order to administer this agreement to assign and the relevant conversion benefits and for no other purpose. I consent to both the Society and the CAF holding and processing such information for such purposes. The scheme does not apply in certain circumstances and a comprehensive list of all exceptions is available on request from the Head Office, the address of which can be found on the Statement of Practice: Investors document.

NB: Further information about the Agreement to Assign can be found in the Statement of Practice: Investors document under the section titled "Charitable Assignment Scheme".

DATA PROTECTION LEGISLATION

The Data Controller is Leek United Building Society, whose principal office is 50 St Edward Street, Leek, Staffordshire, ST13 5DL.

The information you are supplying will be held by the Society and used for administration purposes only. Your information may be passed to other companies within the Leek United group for the purposes stated above.

This information may be held during the life of the account and for administration reasons after the account has closed.

Under data protection legislation you are entitled to receive a copy of personal information held about you, have inaccurate data corrected, restrict the purposes for which your personal data is used and in certain circumstances the right to your data being erased. Further information regarding how we manage your data can be found within our Privacy Notice which can be found at leekunited.co.uk/privacy/, or alternatively can be requested from any of our branches or by writing to the address above.

If you would like to obtain information held about you, please write to the address above.

Declaration

- (a) I confirm that I have read the literature relating to the account and that I have received and read the Statement of Practice Investors document and agree to be bound by the terms and conditions contained therein as well as the Rules of the Society (copies of which are available on request).
- (b) I confirm that I am aware that the type of account is a share account and I understand that only the first named account holder will initially be recorded in the Society's Records as the Representative Joint Shareholder for the account. Subject to the Rules of the Society, only the Representative Joint Shareholder will have voting rights.
- (c) I declare that any share(s) acquired by me under this account will not be held by me as a bare trustee for a body corporate, or for persons who include a body corporate.
- (d) I agree to be bound by the conditions relating to the Agreement to Assign as described above.
- (e) I confirm this information is correct and I understand that I may request in writing, a copy of personal information held about me by the Society.

I agree to the terms and conditions of the account, the Agreement to Assign as described above and the Rules of the Society, a copy of which is available on request.

Unless and until instructions are given to the contrary, the Society will accept the signature of either/any party to authorise withdrawals.

Deputy 1 Signature

Date

Deputy 2 Signature

Date

For Office Use Only - AML Checks

Court Order certified copy obtained

Passbook(s) obtained (all)

Court of Protection hold code added

Owner and Beneficiary

CALL ML Electronic ID Search Verified (Please attach CALL ML Sheet)

Refer (See confirmation of ID)

CALL ML Reference

	ID Type	Reference Number
ID1	<input type="text"/>	<input type="text"/>
ID2	<input type="text"/>	<input type="text"/>

Deputy 1

CALL ML Electronic ID Search Verified (Please attach CALL ML Sheet)

Refer (See confirmation of ID)

CALL ML Reference

	ID Type	Reference Number
ID1	<input type="text"/>	<input type="text"/>
ID2	<input type="text"/>	<input type="text"/>

Deputy 2

CALL ML Electronic ID Search Verified (Please attach CALL ML Sheet)

Refer (See confirmation of ID)

CALL ML Reference

	ID Type	Reference Number
ID1	<input type="text"/>	<input type="text"/>
ID2	<input type="text"/>	<input type="text"/>

Searches performed by:
Advisor Signature

Date

Savings Department

Input by:

Date Amended: System (Initials): Passbook (Initials): Amendments 2nd Checked by:

