

Third Party Mandate

This Third Party Mandate can only be used for Personal, Sole Trader and Partnership Accounts (excluding Limited Liability Partnerships)

Complete this mandate when you wish another person or persons to operate your account(s). The account holder(s) should attend a branch together with their nominated third party(ies) to complete all formalities. If this is not possible, and the completed mandate is posted to the Bank or delivered to the Bank by the Third Party(ies), then the Bank reserves the right to undertake a security check. The third party mandate will not come into force until the check has been completed.

General Guidelines/Instructions

- Complete in black ink only.
- Do not use correction fluid.
- The account holder(s) must initial any corrections or deletions.
- The mandate can only be cancelled in writing by the account holder(s).
- You cannot use this form for sole and joint accounts combined. If you wish another person or persons to operate your joint and sole accounts, please complete separate Third Party mandates.
- This mandate does not cover any future accounts opened with us. A separate Third Party mandate must be submitted once the account is active.
- The completed mandate should be returned to your branch.

Identification and Address Verification of Third Party Signatories

To comply with current regulations, the Bank must identify and verify the address(es) of any person(s) that you authorise to operate your account(s). Please note that original documents are required from each third party signatory and we can accept a valid, full, UK Photocard Driving Licence to confirm both their identity and address. If they don't hold one, we'll require separate documents.

We are required to take copies of any documents supplied and retain these for our records.

Examples of documents include the following:

- Valid full UK Photocard Driving Licence for identification and address verification.
- Valid full Passport for identification.
- Credit card statement or utility bill dated within the last four months for address verification.
- Upon request, we will provide guidance on other suitable documents.
- Please note we cannot accept online bills or bank statements.

For Branch action

Complete Bank Use Box on the last page to Authorise this Mandate, before forwarding to DSC

Third Party Mandate

To: **HSBC UK Bank plc**

Date

CIN

Section 1 – Personal details

Account(s) of

Insert your name as it appears in the title of the account.

Until I/any of us give you notice in writing to the contrary please consider

Insert full name of person(s) you are authorising to act as a third party signatory.

Section 2 – Account details

If you have any existing third party signatories on your account/s, are they to remain?

Yes No Not applicable

I/We require this mandate to cover all accounts held now (Please tick box)

OR if you wish to limit this mandate to specific accounts please complete the relevant account details below:

Sort code - - Account numbers

Note: If section 2 is left blank, we will assume this mandate covers all of your accounts held with us now.

Section 3 – Authority

3(i) Please ensure that you have ticked the appropriate box for each option AND that you (account holder) have initialled against each option.

The third party/ies are authorised to:

	Yes	No	Initials
a) sign cheques and other instructions for payment on my/our behalf whether any account is in debit or credit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b) obtain information relating to my/our account(s) with the Bank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c) receive delivery of any item held by you on my/our behalf in safe keeping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d) deal with any other transactions relating to the account(s) detailed above, the only exceptions being that only the account holder(s) is/are authorised to close account(s) and withdraw cash via a cash machine using a debit card belonging to the account holder(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Note: This mandate can only be cancelled in writing by the account holder(s).

3(ii) Where the account holder(s) names two or more third party signatories, they can either act individually or jointly when giving instructions to the Bank. Please insert a tick in one of the boxes to indicate your choice.

Any ONE individually Any TWO together All to sign together

Note: If you have named more than one third party and section 3(ii) is left blank, we will assume that each third party signatory can sign individually.

Note: Telephone access will only be available to third party signatories if they are authorised to sign individually.

Section 4 – Telephone access

Does the third party require telephone access? (Only applicable if each third party signatory can sign individually and the mandate is unrestricted.)

Yes Please indicate who requires access or No

Note: If section 4 is left blank, we will assume telephone access is not required.

Third Party Signatory/ Signatories

1. All third party signatories must state their details and complete a signatory box below – only new signatories need to sign.
2. Each third party signatory must provide the Bank with original documentation to prove their identity and address.
3. Unused signatory boxes are to be ruled through.

Please complete in BLOCK CAPITALS

Full name of Third Party

Address

Post Code

Date moved to this address DDMMYYYY Date of birth DDMMYYYY

Signature

For Bank Use Only

Customer Identification Number

IA check required by BOps Yes No Check done (BOps use only) Initial

Full name of Third Party

Address

Post Code

Date moved to this address DDMMYYYY Date of birth DDMMYYYY

Signature

For Bank Use Only

Customer Identification Number

IA check required by BOps Yes No Check done (BOps use only) Initial

Full name of Third Party

Address

Post Code

Date moved to this address DDMMYYYY Date of birth DDMMYYYY

Signature

For Bank Use Only

Customer Identification Number

IA check required by BOps Yes No Check done (BOps use only) Initial

Account holder(s)

I/We agree that:

- i. any debt or other liability incurred to you under this mandate shall be the responsibility of the account holder, jointly and severally where there is more than one, and in the absence of your written agreement to the contrary, any debt shall be repayable on demand;
- ii. you are under no obligation to ascertain or enquire into the purpose for which any of the above authorities is exercised;
- iii. this mandate, if not revoked by me/us, shall be binding on my/our personal representative until you receive written notice of my death/any of our deaths.

Full names (BLOCK CAPITALS please) and signatures of all account holders

1) Name

Signature

2) Name

Signature

For Bank use only

Branch contact for queries

Name

(BLOCK LETTERS)

Staff number

Internal tel. no.

Sort code

4 0

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(where Branch Contact based)

Mandate reviewed by authorised signatory in accordance with procedures including Identification and Verification of the Third Party Signatory/Signatories

Authorised signature

Code stamp

Issued by HSBC UK Bank plc

HSBC UK Bank plc, Customer information, PO Box 6201, Coventry CV9 3HW