Power of Attorney / Court of Protection Registration Form

Account Holder details

Account Number's:

Tick to confirm that all accounts should be registered with the POA/COP ☐

Account Holder

Title		Address	
First name(s)			
Middle name(s)			
Surname			
Date of birth		Postcode	
Telephone number		Email address	

Is account holder present? Yes ☐ No ☐

Tick to confirm that you have received a copy of our Privacy Notice ☐

Attorney/Deputies Details

Attorney/Deputy 1		**Attorney/Deputy 2**	
Title		Title	
First name(s)		First name(s)	
Middle name(s)		Middle name(s)	
Surname		Surname	
Relationship to account holder		Relationship to account holder	
Date of birth		Date of birth	
Address		Address	
Postcode		Postcode	
Nationality		Nationality	
Occupation		Occupation	
National Insurance number		National Insurance number	
Telephone number		Telephone number	
Mobile telephone number		Mobile telephone number	
Email address		Email address	

Tick to confirm that you have received a copy of our Privacy Notice ☐

Tick to confirm that you have received a copy of our Privacy Notice ☐

Please continue overleaf

Attorney/Deputy 3

Title	
First name(s)	
Middle name(s)	
Surname	
Relationship to account holder	
Date of birth	
Address	
Postcode	
Nationality	
Occupation	
National Insurance number	
Telephone number	
Mobile telephone number	
Email address	

Tick to confirm that you have received a copy of our Privacy Notice ☐

Attorney/Deputy 4

Title	
First name(s)	
Middle name(s)	
Surname	
Relationship to account holder	
Date of birth	
Address	
Postcode	
Nationality	
Occupation	
National Insurance number	
Telephone number	
Mobile telephone number	
Email address	

Tick to confirm that you have received a copy of our Privacy Notice ☐

Marketing of products and services

We would occasionally like to keep you informed with details of the products, services and other promotions that we think may be of interest to you and to introduce you to or pass your details to other organisations for them to use in the same way. Please tick any of the boxes below to tell us how you would like to be contacted. By ticking these boxes, you are agreeing to receive communications from us.

Post ☐ Telephone ☐ Email ☐ SMS ☐

You can change your contact preferences or stop marketing communication at any time by getting in touch by visiting our website - www.thetipton.co.uk, calling us on 0121 557 2551, emailing us at info@thetipton.co.uk or writing to 70 Owen Street, Tipton, West Midlands, DY4 8HG

Correspondence

Please advise which address is to be used for correspondence (please tick one) Please note, this includes any marketing preferences stated above.

Account Holder ☐ Attorney/Deputy 1 ☐ Attorney/Deputy 2 ☐ Attorney/Deputy 3 ☐ Attorney/Deputy 4 ☐

Digital POA/COP Verification Code

Digital POA/COP Verification Code	

Additional assistance

Should you require any additional help or assistance from the Society, please make us aware of how we can help:

Proving your identity

To comply with money laundering regulations and to protect our customers from fraud, we must confirm the identity and address of every applicant. We are able to access credit reference agency databases which, in most cases, will allow us to open your account without any paper-based identification. This will show as a search of the database only and not a credit score, so will not affect your credit rating. If we do need further proof of identification, we will let you know. If you are opening an account at one of our branches, you may want to bring two forms of ID with you, one form of identification for your identity and one for your address. To view our list of acceptable identification, please visit our website www.thetipton.co.uk, ask a member of our team, or call us on 0121 557 2551. We will not carry out credit reference agency searches against customers under 18.

Your declaration

For your own benefit and protection, you should read carefully the information and terms contained in this application form, including the declaration below, and the conditions relating to this account referred to below before signing this form. If you do not understand any point, please ask for further information.

In signing this application form, you confirm the following declaration:

- The sum of £_____ is being invested in Tipton & Coseley Building Society by me/us as sole beneficial owner(s).
- I/We agree to be bound by the Rules of the Society, the Society's Terms and Conditions for Savings Accounts and any specific conditions that apply to this account (a copy of which I/we have received).
- I/We declare that the information I/we have given on this form is true to the best of our knowledge and belief and will inform the Society of any changes in my/our circumstances.
- The account is not being held by me/us as a bare trustee for a body corporate, or for persons who include a body corporate.
- I/We agree to the sections below relating to the Assignment of Windfalls to Charity.
- I/We agree to the Society using my/our information in the manner specified in the Privacy Notice, a copy of which I/we have received.

Agreement to Assign Windfalls to Charity

Information on our charitable assignment arrangements can be found on our website or by visiting any of our branch offices. The following items below, will apply unless you are an exempt customer when your account is opened.

1. I/We agree that if the right to any windfall benefits is granted to me/us after the account is opened, I/we will assign those windfall benefits to the selected charity.
2. I/We authorise the Society and the successor to pass any windfall benefits direct to the selected charity (or to any other charity which the selected charity may nominate to receive those benefits), without notice to me/us.
3. I/We understand that:

• the Society has promised to transfer to the selected charity the benefit of the agreement which I/we have given above;
• neither the Society nor the selected charity will release me/us from that agreement; and
• any power of the Society to change the terms of its contract with me/us will not apply to any of the terms set out in this section of the application form.

4. I/We authorise the Society to give the selected charity any information about me/us or any account which I/we have with the Society (now or in the future) - but only if the selected charity reasonably needs it regarding the agreement I/we have given above.

I/We understand the Society will require anyone who opens a share account (who is not then an exempt customer) to agree to assign to charity the right to any windfall benefits to which that person may become entitled. The terms of the agreement will be decided by the Society and may be different from the current terms. This will no longer apply if the Society publishes a termination notice.

In signing this Power of Attorney/Court of Protection form, you confirm the following declaration:

- I/we agree to the Society using my information in the manner specified in the Privacy Notice, a copy of which I have received.
- I/we have read the section entitled Marketing of products and services and by signing this form I/we consent to the uses and disclosures of the information listed.
- I/We agree to be bound by the Rules of the Society, the Society's Terms and Conditions for Savings Accounts and any specific conditions that apply to this account (a copy of which I/we have received).
- I/We declare that the information I/we have given on this form is true to the best of our knowledge and belief and will inform the Society of any changes in my/our circumstances.
- I/We agree to the Society using my/our information in the manner specified in the Privacy Notice, a copy of which I/we have received.
- I/We agree to act on the donor's behalf according to the terms of power of attorney agreement I am registering.
- I/We agree to tell the Society if I or any other account holder changes address.
- I/We agree to follow the terms and conditions of the account.
- All relevant legal documentation including Power of Attorney form/Court of Protection form must accompany this registration. This must be the original document or a certified copy. The Power of Attorney document is not required if you have provided a valid LPA access code.

How are the Attorney(s)/Deputies appointed?

☐ **Solely** ☐ **Jointly** ☐ **Jointly and severally**

Attorney/Deputy 1		Date	
Attorney/Deputy 2		Date	
Attorney/Deputy 3		Date	
Attorney/Deputy 4		Date	

Office only

V1.6 (August 2026)

Date Opened		First Check		Second Check		Sample Check	
Customer Number		Identity (PIDE List 1)			Identity (PIDE List 2)		
Customer Number		Identity (PIDE List 1)			Identity (PIDE List 2)		
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