

Registration of Power of Attorney / Court of Protection Deputyship Order



Important Information

- Use this form to add a Power of Attorney/ Court of Protection Deputyship as part of your mortgage application/ mortgage account. Attorney(s)/ Deputy(s) will not become account holder(s) and will only be able to operate account(s) in accordance with the Power of Attorney/ Court of Protection Order. A separate form must be completed for each borrower/ donor.
- Please enter details in the appropriate space below in **BLOCK CAPITALS**. Any attorney to be added will need to provide two documents proving their residency and identity.
- Where the Power of Attorney or Court of Protection Deputyship Order is a paper document you must supply the original document or a certified copy in its entirety. If any pages are missing the document will not be valid and the Society will be unable to accept it.

Section A - Borrower/Donor's Details

Application number or online reference

Mortgage account number (if applicable)

Applies to you or state your Title (please mark X) Mr ☐ Mrs ☐ Miss ☐ Other

Please enter ALL forenames

Surname

Permanent Residential Address

Property Number And/or property name

Street

Town Post code

Date of Birth

Contact Telephone Number

Email address

Please confirm the type of Power that you wish to register:

Enduring Power of Attorney ☐ Ordinary / General Power of Attorney ☐

Lasting Power of Attorney for Property and Financial Affairs (LPA) ☐ Court of Protection Deputyship Order (COP) ☐

If you have a digital LPA please provide the secure LPA access code from the Office of public guardian

☐

Mental capacity

Does the Borrower / Donor have mental capacity? Yes ☐ No ☐

Borrow / Donor signature only required if **Yes**

Professional Attorney (e.g. Solicitor) for contact/correspondence complete title, forenames, surname, BUSINESS address, contact telephone number, DOB & Nationality.

Attorney for contact/correspondence complete title, forenames, surname, PERMANENT residential address, contact telephone number, how long at address, DOB & Nationality. Please tell us the details for ONE of your Newcastle accounts, if you have one. This will help us identify you on our systems.

Account number	<input type="text"/>														
(please mark X in the box that applies to you or state your title)	Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other	<input type="text"/>									
Please enter ALL forenames	<input type="text"/>														
Surname	<input type="text"/>														
Permanent/Business Address															
Property Number	<input type="text"/>				and/or Property name	<input type="text"/>									
Street	<input type="text"/>														
Town	<input type="text"/>										Postcode	<input type="text"/>			
Contact telephone number	<input type="text"/>														
Email address	<input type="text"/>														
Date of Birth	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		Nationality (required for regulatory reasons)	<input type="text"/>	

[illegible]

Section C - Declaration and Indemnity

I/We understand and agree that I/ we have a duty to act in accordance with the Power of Attorney/ Court of Protection Order and the principals of the Mental Capacity Act 2005 and Mental Capacity Code of Practice. As the appointed Attorney(s)/ Deputy(s) for the borrower named in Section A of this form, I / each of us agree:

- That I am not bankrupt.
- To tell the Society if bankruptcy proceedings are taken against me.
- To act on the account(s) according to the terms of the Power of Attorney/ Court of Protection Order I am registering.
- To tell the Society if I or the borrower changes address.
- To repay the Society for any costs incurred by directly following my instructions.
- To provide any information requested as part of the mortgage application process.
- To follow the terms and conditions of the account(s).
- To notify the Society if the status of the donor's mental capacity changes.
- I understand and agree that in order to register the Power of Attorney/ Court of Protection Order to the mortgage application or mortgage account to verify my/our identity the Society will make searches of its own Group records. This information may also be used by the Society for the prevention of money laundering as well as the management of the application/ account.

Attorney 1 Signature

1. Signature of first named Attorney

PLEASE SIGN WITHIN THIS BOX WITH A PEN

Attorney 2 Signature

1. Signature of second named Attorney

PLEASE SIGN WITHIN THIS BOX WITH A PEN

Date (please write INSIDE the boxes)

DDMMYYYY

PLEASE SIGN WITHIN THIS BOX

Where the Borrower / Donor has mental capacity we require their signature confirming their consent to the Power of Attorney being registered against their application/ account(s) and the attorney(s) acting for them.

I consent to my attorney(s) being registered against my application/ account(s) and acting on my behalf.

Borrower / Donor Signature

1. Signature of Borrower / Donor

PLEASE SIGN WITHIN THIS BOX WITH A PEN

Date (please write INSIDE the boxes)

DDMMYYYY

PLEASE SIGN WITHIN THIS BOX