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 referecne	
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 Post code
Date of Birth	DD MM YYYY
Contact Telephone Number	
Email address	
Please confirm the type of Power th	at you wish to register:
Enduring Power of Attorney	Ordinary / General Power of Attorney
Lasting Power of Attorney fo	or Property and Financial Affairs (LPA) Court of Protection Deputship Order (COP)
f you have a digital LPA please provid access code from the Office of public	
Mental capacity Does the Borrower / Donor have men	tal capacity? Yes No

Section B - Attorney / Deputy Details

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.

Attorney 1 / Deputy 1																				
Account number																				
(please mark X in the box that applies to you or state your title) Title	Mr	Mrs]	Miss [0	ther													
Please enter ALL forenames																				
Surname																				
Permanent/Business Address																				
Property Number			and	/or Pr	ope	rty na	ame													
Street																				
Town														P	Post	cod	le [
Contact telephone number																				
Email address																				
Date of Birth	DD	MM	Y	YY			ation													
	(required for regulatory reasons)						Г													
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Attorney 2 / Deputy 2 Account number						re	gulato	ргу г	reas	ions)			1 1							
Attorney 2 / Deputy 2	Mr Mr	Mrs] N	Miss [gulato		Teas	ions)										
Attorney 2 / Deputy 2 Account number	Mr Mr	Mrs] N	Miss [l											
Attorney 2 / Deputy 2 Account number (please mark X in the box that applies to you or state your title) Title	Mr Mr	Mrs] N	Miss [l											
Attorney 2 / Deputy 2 Account number (please mark X in the box that applies to you or state your title) Please enter ALL forenames	Mr _	Mrs] N	Miss [eas											
Attorney 2 / Deputy 2 Account number (please mark X in the box that applies to you or state your title) Please enter ALL forenames Surname	Mr _			Miss [ope	0	ther													
Attorney 2 / Deputy 2 Account number (please mark X in the box that applies to you or state your title) Please enter ALL forenames Surname Permanent/Business Address	Mr Mr				ope	0	ther													
Attorney 2 / Deputy 2 Account number (please mark X in the box that applies to you or state your title) Please enter ALL forenames Surname Permanent/Business Address Property Number	Mr Mr				ope	0	ther								Posto					
Attorney 2 / Deputy 2 Account number (please mark X in the box that applies to you or state your title) Please enter ALL forenames Surname Permanent/Business Address Property Number Street	Mr Mr				ope	0	ther								Posto					
Attorney 2 / Deputy 2 Account number (please mark X in the box that applies to you or state your title) Title Please enter ALL forenames Surname Permanent/Business Address Property Number Street Town	Mr Mr				ope	0	ther) osto					
Attorney 2 / Deputy 2 Account number (please mark X in the box that applies to you or state your title) Title Please enter ALL forenames Surname Permanent/Business Address Property Number Street Town Contact telephone number					ope	O O O O O O O O O O O O O O O O O O O	ther								Posto					

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	Attorney 2 Signature	
1. Signature of first named Attorney	1. Signature of second named Attorney	
		Date (please write INSIDE the boxes
PLEASE SIGN WITHIN THIS BOX WITH A PEN	PLEASE SIGN WITHIN THIS BOX WITH A PEN	PLEASE SIGN WITHIN THIS BOX
Where the Borrower / Donor has mental capacity we ragainst their application/ account(s) and the attorney	require their signature confirming their consent to the Por (s) acting for them.	wer of Attorney being registered
I consent to my attorney(s) being registered against m	ny application/ account(s) and acting on my behalf.	
Borrower / Donor Signature		
1. Signature of Borrower / Donor		
	Date (please write INSIDE the boxes)	
	DD MM YYYY	
PLEASE SIGN WITHIN THIS BOX WITH A PEN	PLEASE SIGN WITHIN THIS BOX	