



**Shawbrook  
Bank**

**Adding a Power of  
Attorney to account(s)  
Instruction form**



**Proudly different.**

## Help and guidance

At Shawbrook we understand that it's sometimes necessary for a customer's account to be looked after by another person, as Power of Attorney (POA). We can set up a Power of Attorney for new and existing accounts and in this guide, you will find all the information and guidance you will need. We will refer to POA within this document which will represent all types of Power of Attorney as listed below.

**A Power of Attorney** is a legal document where one person (Donor/ Granter) can give another person(s) the power to act on their behalf in respect to their Property, Finances and welfare. You must have mental capacity to grant POA.

**Donor/ Granter** - The person who sets up the power of attorney.

**Attorney:** Person(s) given the authority to act on behalf of the donor.

**Office of the Public Guardian (OPG):** The OPG helps people in England, Wales and Scotland to stay in control of decisions about their health and finance and make important decisions for others who cannot decide for themselves.

## Registrations documents

There are many different types of documentation that grant support of an individual's affairs. Below you will find an outline of the types of documentation that Shawbrook accept:

## Guide to different types of Power of Attorney

England, Wales & Northern Ireland	Scotland
General Power of Attorney	General Power of Attorney
Lasting Power of Attorney (LPA)	Continuing Power of Attorney (CPA)
Deputyship Order	Intervention Order
Enduring Power of Attorney (EPA)	Guardianship Order

## Lasting Power of Attorney (LPA)

This document is valid both while the Donor has mental capacity and after the Donor has lost mental capacity. LPA's in English law were created under the Mental Capacity Act 2005 and came into effect on 1 October 2007. The LPA replaced the former Enduring Powers of Attorney (EPA). The LPA cannot be used until it is registered with the Office of the Public Guardian (OPG).

## Continuing Power of Attorney (CPA)

This document is valid both while the Donor/Granter has mental capacity and after the Donor/Granter has lost mental capacity. Continuing Power of Attorney cannot be used until registered with Office of Public Guardian (Scotland).

## Court of Protection – Deputyship Order

(created under the Mental Capacity Act 2005).

An order appointed by the Court to represent someone who has lost mental capacity, unless stated otherwise in the document.

A Power of Attorney or a Court of Protection only needs to be registered with Shawbrook once, except in the case of an Enduring Power of Attorney where the Donor loses capacity. If that happens we'll need to see the Enduring Power of Attorney again after it has been registered with the Office of the Public Guardian.

You will need to enclose the original Power of Attorney documents or a certified copy of the document. Unless we have previously seen the original or certified copy of it.

## Intervention Order – Scotland

This is a limited order granted by the court where one off instruction/action is needed on behalf of someone who has lost mental capacity.

## Guardianship Order - Scotland

An order granted by the Sheriff Court to represent someone who has lost mental capacity, usually lasting for 3 years, unless stated otherwise in the document.

## Enduring Power of Attorney (EPA)

EPA's made before 1st October 2007, under English law is a legal authorisation to act on someone else's behalf in legal and financial matters. If the Donor has lost mental capacity the document must be registered with the Office of the Public Guardian before it can be used.

## Applying for a Shawbrook Power of Attorney Savings account

All Shawbrook POA Savings applications are completed by Post. All sections on the application form must be fully completed. If we receive an incomplete form, we will not be able to proceed with the application. You can either download the application from our website <https://www.shawbrook.co.uk/direct/savings/savings-documentation/> or call us 0345 266 6611 and we will be happy to send you an application form.

## Certified Copy (For all applications)

Power of Attorney have different certification rules than other documents.

Every page must be certified and dated only by a solicitor or a public notary or by the Donor if they have mental capacity. If a photocopy of the original document is provided, we would require the photocopy to be certified confirming that the original has been viewed and is a true copy.

## How to certify a POA copy document

Write the following text on the bottom of every page of the copy: "I certify this is a true and complete copy of the corresponding page of the original (insert POA name), for type of POA (please enter the type of POA you have been granted - Refer to Guide table opposite)."

**On the final page of the copy**, you must also write: "I certify this is a true and complete copy of the (insert POA name)."

- You need to sign and date every page.

If the Donor/Granter does certify their own document, we need to carry out identity checks on the certifier. We will require photographic identification bearing their signature for the Donor/Granter.

## Revoking a Power of Attorney

The Donor/Granter needs to have mental capacity to revoke the document. Please refer to the OPG for information on how to do this.

**The Donor/Granter may need to provide evidence that they still have mental capacity.**

## Death

POA documents will become void at the date of death of the Donor/Granter.

## Death of an Attorney

When we are advised, we will look to identify if other Attorneys were listed on the application form and will progress accordingly.

## Contact Information

### Savings Team

Shawbrook Bank  
Sunderland  
SR43 4AG

Tel: 0345 266 6611

Monday to Friday (excluding Bank holidays) 9am – 5.30pm  
[shawbrook.co.uk](http://shawbrook.co.uk)

**All sections on this application form must be completed, failing to complete will result in us returning the application. Please find enclosed a return addressed envelope.**

The way in which we will use your information is set-out in our privacy notice at <https://www.shawbrook.co.uk/privacy-notice/>. If you would like a paper copy of our privacy notice, please telephone our Data Protection Officer on 01277 751 110 or write to us at the address on page 2.

**Please be advised that all instructions will take approximately 5 working days to process upon receipt of completed application form and relevant documentation received.**

**When submitting this form, please be advised we will require to see either the original or certified copy of the original Power of Attorney document, or Court Order. (Please refer to Section 7 for further details).**

**Section 1 – Donor/Granter please note, we will open the account in the name of the Donor/Granter (Account holder)**

Account holder full name

Account number

**Section 2 – Attorney/Court Appointed Application Details** If you are an existing customer and have previously provided answers to the security questions below, please proceed to section 3. If you would like to reset your security, please complete the shaded section below which will apply to all your accounts.

Do any of the signatories require any additional support to administer the account i.e. large font or braille.

Please indicate which signatory requires this:  Signatory A  Signatory B  Signatory C  Signatory D

A	B
Title	Title
Surname	Surname
First name(s)	First name(s)
Nationality	Nationality
Place of Birth	Place of Birth
Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Are you a permanent UK resident and only liable to pay UK tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent UK resident and only liable to pay UK tax? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Address
Postcode	Postcode
Mobile telephone (required)	Mobile telephone (required)
Home telephone	Home telephone
Daytime telephone	Daytime telephone
Email	Email
Time at home address      years      months	Time at home address      years      months

If less than 3 years, please give previous address (you must supply 3 years address history. Please use separate sheet for further details).

Previous Address	Previous Address
Postcode	Postcode
Time at home address      years	Time at home address      years
Are you an existing Shawbrook savings customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an existing Shawbrook savings customer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

We have a commitment to provide a personal and secure service to all our customers. In order to facilitate the handling of your telephone queries securely, we request that each account holder provides us with three security answers below which will assist members of staff in verifying you or the representative's identity. **If you are an existing customer, please do not complete the security answers within the shaded area unless you wish to reset your existing answers.**

Surname of your favourite teacher at school?	Surname of your favourite teacher at school?
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Memorable date (not Date Of Birth or Birth dates of children)	Memorable date (not Date Of Birth or Birth dates of children)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Attorney/Court Appointed Application Details (continued)

First name of favourite historical character <input style="width: 95%; height: 20px;" type="text"/>	First name of favourite historical character <input style="width: 95%; height: 20px;" type="text"/>
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Signature  <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>	Signature  <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>
Date  <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>	Date  <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>

<b>C</b>	<b>D</b>
Title	Title

Surname	Surname
First name(s)	First name(s)
Nationality	Nationality
Place of Birth	Place of Birth
Date of birth <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date of birth <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Are you a permanent UK resident and only liable to pay UK tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent UK resident and only liable to pay UK tax? <input type="checkbox"/> Yes <input type="checkbox"/> No

Address	Address
<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>
Postcode	Postcode
<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>

Mobile telephone (required)	Mobile telephone (required)
Home telephone	Home telephone
Daytime telephone	Daytime telephone
Email	Email
Time at home address          years	Time at home address          years          months

If less than 3 years, please give previous address (you must supply 3 years address history. Please use separate sheet for further details.

Previous Address	Previous Address
<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>
Postcode	Postcode
<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>
Time at home address          years          months	Time at home address          years          months

Are you an existing Shawbrook savings customer? <input type="checkbox"/> Yes <input type="checkbox"/> No Account number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Are you an existing Shawbrook savings customer? <input type="checkbox"/> Yes <input type="checkbox"/> No Account number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Surname of your favourite teacher at school? <input style="width: 95%; height: 20px;" type="text"/>	Surname of your favourite teacher at school? <input style="width: 95%; height: 20px;" type="text"/>
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Memorable date (not Date Of Birth or Birth dates of children) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Memorable date (not Date Of Birth or Birth dates of children) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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First name of favourite historical character <input style="width: 95%; height: 20px;" type="text"/>	First name of favourite historical character <input style="width: 95%; height: 20px;" type="text"/>
--	--

Signature	Signature
<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>
Date	Date
<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>

### Section 3 - Correspondence Address

Please indicate which correspondence address you would like to be used for the administration of the accounts specified in section 1 (If not completed all correspondence will be sent to Applicant A):

Applicant A /

Applicant B /

Applicant C /

Applicant D /

Title

Surname

First name

Address

Postcode

### Section 4 – Court Appointed Legal Representative - Acting as Attorney

Company name

Court appointed representative

Address

Postcode

Law Society ID Number

### Section 5 - Identification

Before we can comply with any instructions to add a Power of Attorney(s) to the accounts specified within Section 1, we are required by law to verify the identity of the Attorney(s).

#### Certifying Power of Attorney documentation

We require either the Original or a certified copy of the original Power of Attorney document or Court Order as well as the supporting identification below.

**If the appointed Attorney(s) are not submitting an original Power of Attorney document, or Court order, please refer to page 2 of this booklet on 'How to certify a copy'.**

We recommend that you send us a colour copies of your identity documents, as black and white copies need to be certified.

In addition to the Power Of Attorney document, we require the Attorney(s) to provide either:

1. Two colour copies of documents from List A, where one must show current address; Or
2. One colour copy of a document from List A, and one colour copy of a document from List B.

#### Attorney(s) Identification

- Copy of Power of Attorney** (please note this must be certified as a true copy of the original)

#### List A

- A valid UK Driving Licence – Full or Provisional**  
We require front and back copies
- A valid Passport** - photo page and opposite page.  
(Accepted in Colour or Black and White)
- A letter or document showing entitlements to tax credits or Local Authority benefits** – dated within the last 12 months
- A letter or document showing entitlement to pension** – dated within the last 12 months
- A letter or document showing entitlement to an educational or other form of grant** – dated within the last 12 months
- A letter or document from HMRC showing National Insurance number, tax code or UTR number** - dated within last 12 months

#### Attorney(s) Identification

#### List B

- Council Tax Bill, demand letter or statement** showing your name and address – dated within last 6 months
- HMRC tax notification letter coding or Demand** – dated within last 12 months
- Council Tenancy Agreement** – dated within last 6 months
- An electricity/gas or water, or landline telephone statement/bill** showing your name and address – dated within the last 3 months
- A bank or building society statement** showing your name and address – dated within the last 3 months

If you have to submit black and white copies from 'List A and B' these will need to be certified, please see the section below for our criteria on certifying black and white copies for Identification documents.

#### Certifying Black and White photocopies only. Please note that retired practitioners are not permitted.

By "Authorised Certifier", we mean an Accountant, Bank or Post Office official, Barrister, Solicitor, Doctor, Dentist, Vet, Local Councillor, Government Official, Person with Honours (MBE, OBE etc), Optician, Broker/Supplier who is a FCA Registered Individual, Nurse or Chairman/Director of Limited Company, Pharmacist, Chartered Legal Executive and Head Teacher.

## Section 6 - Declaration for Power of Attorney(s)

- I/We agree to notify Shawbrook Bank Limited in writing of any changes to the signatory/signatories to the account and understand that any new signatory/signatories will need to be identified before acceptance by the Bank.
- I/We authorise Shawbrook Bank Limited to conduct electronic searches in order to verify Attorney(s) and acknowledge/ understand that a record of this search will be kept.
- I/We declare that the information provided in this form is true and accurate.
- I/We have read the Privacy Notice referred to at the beginning of this application form.

I/We confirm that I/We would like to be named as Power of Attorney(s) on the account(s) listed within Section 1, and I/We understand that as a Power of Attorney(s), I/We can (in accordance with and subject to the Terms and Conditions applicable to the account(s) from time to time) and will:

- Supply Shawbrook with and request information relating to the account(s) detailed above.
- Provide instructions for withdrawal or closure of the above account(s).
- I/We understand that funds will only be transferred to the nominated account in the account holder's name.

Print name		Print name	
Signature (A)		Signature (B)	
Date		Date	
Print name		Print name	
Signature (C)		Signature (D)	
Date		Date	

## Section 7 - Declaration for Donor/Grantor - Account holder

I hereby irrevocably undertake to ratify any instructions which the said third party may give to you and to indemnify and hold you harmless from any loss, cost claim or expense you may incur arising out of or in connection with instructions given by or information given to the third party.

This authority shall remain in force until such time as you shall have received written notice of termination.

**Please note if the Donor does not have mental capacity, they are not required to sign. Please tick here if this is the case.**

Print name

Signature (Donor)

Date

## Checklists

### Attorney checklist

Have you completed all section(s) fully?

Have you enclosed ID documents from both List A and List B?

Have sections 2 and 6 been signed and dated?

Have you enclosed either the original, or certified copy of the Power of Attorney document, or Court Order?

**Please send the completed form and all your required documentation to:  
Shawbrook Bank, Sunderland, SR43 4AG**