

Third Party Mandate

Please ensure you complete in BLOCK CAPITALS if completing by hand.

1. SECURE TRUST BANK ACCOUNT DETAILS

Account Number(s) (8 digits)		

2. PERSONAL DETAILS (ACCOUNT HOLDER)

Title	Mr		Mrs	Miss	Ms	Oth	ner
Forename(s)							
Surname							
Date of Birth (DD/MM/YYYY)		/	/				
Address							
						Postco	de
Telephone Number							

3. THIRD PARTY (AUTHORISED PERSON)

Please complete in BLOCK CAPITALS						
Title	Mr	Mrs	Miss	Ms	Other	
Forename(s)				· · · · ·		
Surname						
Date of Birth (DD/MM/YYYY)	/	/				
Address (If you have resided here for less than 3 years please also provide your previous address below)						
your previous address below)					Postcode	
Date you moved to your previous address (DD/MM/YYYY)	/	/				
Previous Address (If less than 3 years at current)						
					Postcode	
Telephone Number				I.	I	
· · · · ·						
Signature of third party (Please print, sign and date the form)						
Date (DD/MM/YYYY)	/	/				



Secure Trust Bank Plc Registered in England and Wales 541132. Registered Office: Yorke House, Arleston Way, Solihull, B90 4LH. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our registration number is 204550.



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4. ACCOUNT HOLDER

I confirm and agree with you, Secure Trust Bank, that I am the Account Holder of the identified Account(s), and give authorisation for the named third party to access and use my Account(s).

 Signature of Account Holder

 (Please print, sign and date the form)

 Date (DD/MM/YYYY)
 /

5. RETURN THIRD PARTY MANDATE BY POST

Please print, sign and date the form, then put this in an envelope (no stamp required) and send it to our one-line Freepost address: **'Freepost SECURE TRUST BANK'.**

FOR BANK USE ONLY

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Mandate reviewed by authorised staff in accordance with procedures including Identification and Verification of the Third Party Signatory.

Name	
Date entered on system (DD/MM/YYYY)	/ /