

Authority Form

To issue sharedealing instructions on behalf of a client



JHAY0216

Application Guide

Please complete this form in BLOCK CAPITALS and black ink.

1 To be completed by person being authorised to issue sharedealing instructions on behalf of client

Applicant to complete

Title
 Mr Mrs Ms Miss
 Other If 'Other' please state
Forename
Surname
 Any other name you have been, or are known by

Permanent address

 Post Code
Nationality

 Do you have dual nationality?
 Yes No
 If yes, please specify

Second nationality

Date of birth
Relationship with Account Holder
 Spouse Parent Child Friend
 Other If 'Other' please state
 Are you authorised to issue sharedealing instructions on any other Santander Sharedealing accounts?
 Yes No
 Previous residential address (if less than 3 years at present address)

 Post Code

Whenever using this facility I will identify myself by the use of the account's password.

2 Proof of Identification

Applicant to complete

Abbey Stockbrokers Limited (ASL) will make a credit search on you before accepting our client's request that you will be authorised to issue sharedealing instructions on their behalf. You must also submit an original Bank or Building Society Statement together with one of the following original documents with this application form in order to confirm your address. These documents will be returned.

- Please tick for each document supplied:
- Bank/Building Society statement (less than 6 months old)
 - Current Council Tax Bill
 - Copy of passport (overseas residents only)
 - Utility Bill (less than 6 months old)

3 Personal Details

Applicant to complete

Status
 Employed Self employed Retired
 Other If 'Other' please state
Occupation
Employer's name

Employer's address

 Post Code
Daytime telephone number

Mobile telephone number

I hereby confirm that in order that I may be allowed to act on the Account Holders behalf, I have completed the above form and that the information is correct. I also understand that I will be credit checked and that the Credit Agency will record this against my name. I also agree that further credit checks may be carried out, as required by ASL.

Authorised trader's signature

Date

Account number

I (print name) (the Account Holder)

nominate (print name),

whose details appear on the reverse, to be an authorised trader for my/our account.

I accept that I will be solely liable for the transactions resulting from sharedealing instructions issued by the authorised trader, and that neither him/her nor ASL shall be liable for any losses or debts incurred.

This authority will remain in force until revoked in writing by the Account Holder.

I hereby authorise ASL to accept sharedealing instructions for my account from the nominated authorised trader, and to release information to him/her regarding my account as requested.

I confirm that this Authority to Deal does NOT allow the above mentioned person to make any cash/stock withdrawals or transfers. Also I retain sole liability for the conduct of the Account, including any sums owed from time to time to ASL.

PLEASE NOTE:

ASL will make a credit reference search on the nominated individual.

Signed

Date

Signed by Trustee (if SIPP)

Date

Received by ASL

Date

Accepted by ASL

Date

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