

How we will use your information

Before continuing with this application, please read the information below which explains how we and others will use your personal and financial information during this application process. When we use and share personal and financial information, we do so on the basis that we have a legitimate interest to prevent fraud and money laundering, to manage our risk and to protect our business and to comply with laws that apply to us (including verifying your identity and assessing the suitability of our products).

For full details about how we use the personal and financial information of our customers, please see our full Privacy Notice at ulsterbank.ie/privacy

Who we are

The organisation responsible for processing your personal and financial information is Ulster Bank Ireland DAC, a member of NatWest Group.

Please complete this form in BLOCK CAPITALS and in black ink. Please mark option boxes with an 'x'.

Fields marked with * are mandatory and must be completed in full to enable swift completion of the application process.

1. Account details

Account name _____

Account holding branch _____ Sort code

Account(s) to which the Power of Attorney is to be added

Account number	Sort code	Account number	Sort code
<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"/>

2. Attorney personal details

Complete in full using information as it appears on the photographic identification provided. Initials in place of full name are not acceptable.

Are you an existing Ulster Bank customer? Yes No

If 'Yes', please provide Account number Sort code

Title Mr Mrs Miss Ms Other

First name* (Please specify)

Middle name(s)*

Surname*

Are you known by any other name? Yes No

If 'Yes', please state any other name you are known by (e.g. alias name)

Other known - First name

Other known - Middle name(s)

Other known - Surname

Address line 1*

Address line 2*

Address line 3*

Address line 4 OR overseas country*

Postcode

Is the property a flat? Yes No

Date of entry to this address (DD/MM/YYYY)

If less than 3 years, please provide previous address

Address line 1

Address line 2

Address line 3

Address line 4 OR overseas country

Postcode

Country of residence* United Kingdom OR Other

If 'Other', please provide Country of birth*

Place of birth (town)

Are you currently living in Ireland? Yes No

If you are not a permanent resident of the Republic of Ireland, but are temporarily living here, please provide your address

Address line 1

Address line 2

Address line 3

Address line 4

Date of birth (DD/MM/YYYY)*

Occupation*

2.1 What is your main source of income?

Please select the option that best describes how your income is generated.

Basic salary (Employed)	<input type="checkbox"/>	Basic salary (Self Employed)	<input type="checkbox"/>	Benefits	<input type="checkbox"/>
Other income (Employed)	<input type="checkbox"/>	Other income (Self Employed)	<input type="checkbox"/>	Rental income	<input type="checkbox"/>
Pension (Employed)	<input type="checkbox"/>	Pension (Self Employed)	<input type="checkbox"/>	No income	<input type="checkbox"/>

2.2 Source of wealth* – How customer has acquired their assets

- Sale of shares
- Property sales
- Investments/Maturing investments
- Policy claims
- Compensation payments
- Lottery/Betting/Casino win
- Inheritance
- Company sale
- Loan
- Gift
- High value goods/jewellery/
specialist car/boat
- Sale of land
- Self employed/drawings/salary
- Dividends/Stocks and shares
- Other

- If 'Other' please specify

3. Attorney additional details

Home telephone number

Work telephone number

Mobile number

Memorable word

Nationality*

Please choose a memorable word of no more than 15 characters. This may be used to confirm certain transactions

4. Change of statement address

Should statements, in future, be forwarded to the Attorney? Yes No

5. Account features

5.1 Would you like a book and/or card on any **current** account(s)?

If 'Yes', account number(s)

NB Some features may not be applicable to all account types.

Cashcard **OR** Servicecard

Cheque book Paying in book

If you would like your card to show a description of the account to which it relates, e.g. 'Current account', please enter the details

5.2 Would you like a book and/or card on any **savings** account(s)?

If 'Yes', account number(s)

NB Some features may not be applicable to all account types.

Cashcard **OR** Servicecard

Cheque book Paying in book

If you would like your card to show a description of the account to which it relates, e.g. 'Current account', please enter the details

5.3 Would you like a book and/or card on any **additional** account(s)?

If 'Yes', account number(s)

NB Some features may not be applicable to all account types.

Cashcard **OR** Servicecard

Cheque book Paying in book

If you would like your card to show a description of the account to which it relates, e.g. 'Current account', please enter the details

5.4 Would you like information on Anytime Telephone Banking or Anytime Internet Banking?

If 'Yes', please mark the appropriate box(es)

Anytime Telephone Banking Anytime Internet Banking

6. Your information

6.1 Your electronic information

If you contact us electronically, we may collect your electronic identifier, (e.g. Internet Protocol (IP) address or telephone number) supplied by your service provider.

6.2 How we will use and share your information

(a) The Central Credit Register, credit reference and fraud prevention agencies

We may request information about you from the Central Credit Register and credit reference agencies to check your credit status to help assess what product you are most suitable for and/or your ability to repay any credit. They may keep a record of our request(s) and this may affect your ability to obtain credit elsewhere.

Further information about the Central Credit Register and credit reference agencies and how they use personal information, can be obtained from the Central Credit Register (www.centralcreditregister.ie) and the Irish Credit Bureau (www.icb.ie).

You can review the ICB Fair Processing Notice, which is available at www.icb.ie/pdf/FairProcessingNotice.pdf

Application decisions may be taken based on solely automated checks of information from the Central Credit Register, credit reference agencies and internal NatWest Group records. You have rights in relation to automated decision making. If you want to know more please see our full privacy notice at ulsterbank.ie/privacy or contact us at the following numbers:

1800 283062 - Opening hours are Mon to Sun 08.00 - 22.00, from abroad 003531 804 7475 lines are open 24/7.

In order to prevent and detect fraud and/or money laundering, the information provided in this application may be checked with fraud prevention agencies. If fraud is identified or suspected details may be recorded with these agencies to prevent fraud and money laundering.

If we, or a fraud prevention agency, determine that you pose a fraud or money laundering risk, we may refuse to provide the services and financing to you.

When the Central Credit Register, credit reference and fraud prevention agencies process your information, they do so on the basis that they have a legitimate interest in preventing fraud and money laundering, to protect their business and to comply with laws that apply to them.

(b) With other RBS companies

We and other RBS companies worldwide will use the information you supply in this application (and any information we or other RBS companies may already hold about you) in connection with processing your application and to assess your suitability for our products.

If your application is declined we will normally keep your information for up to 7 years, but we may keep it for longer if required by us or other RBS companies in order to comply with legal and regulatory requirements.

We and other RBS companies may use your information in order to improve the relevance of our products and marketing.

(c) With other third parties

The information provided in this application may be used for compliance with legal and regulatory screening requirements, including confirming your eligibility to hold a bank account and sanctions screening.

We may be required to disclose certain information to regulators, government bodies and similar organisations, including the name, address, tax number, account number(s), total gross amount of interest paid or credited to the account and the balance or value of the account(s) of our customers to the Office of the Revenue Commissioners. The Office of the Revenue Commissioners may exchange this information with other countries' tax authorities.

7. Marketing information

If you agree, we would like to keep you informed about products, services and offers that we believe may be of interest to you. Please let us know how you would like to be informed:

Letter

Phone

Email

Text

We will not share your information with third parties for their own marketing purposes.

Communications about your account

Notwithstanding your marketing choices above, we will contact you with information relevant to the operation and maintenance of your account by a variety of means including online banking, mobile banking, email, text message, post and/or telephone.

8. Confirming your agreement

By continuing with this application, you confirm that we may use your information in the ways described above and are happy to proceed. You acknowledge that information about you and your actions on the account may be shared with the primary account/card holder.

9. Attorney confirmation

Attorney signature

Date (DD/MM/YYYY)

For Branch or Relationship Manager use only

Does the account holder(s) signature on the legal documents match ISV? Yes No N/A

If 'No' please complete and include a request to apply customer signatures to bank records form (ULS50077)

Does the new Attorney have an existing CIN? If Yes, CIN number

If the party is an existing customer, is there a V marker present? Yes No N/A

New account sanctioner checklist completed and attached. Yes N/A

Identification and address verification documents obtained, copied, certified and attached. Yes N/A

Approved plastic card request attached (EPA only) Yes N/A
(Please contact Edinburgh Card Centre to obtain this request)

Please note for EPA - cards in customer name should be cancelled. Send Certified copy of POA/EPA (for EPA also send certification of registration) to Card Centre Southend

Anytime/Internet banking discussed with customer and telephone number/ulsterbank.ie address provided to customer to register. Yes N/A

Please note for EPA - service in customer name should be cancelled

Power of Attorney is in format that meets the Bank's requirements Yes
Please refer to relevant Process Manual for guidance

General Power of Attorney document is less than 12 months old. Yes No N/A
(This does not apply to an Enduring Power of Attorney and would be 'N/A')

If 'No', a confirmation letter from the Donor has been attached Yes

Record details on relevant system Back Office (SPID), CES etc. Yes No

Place 'Refer' marker on each of the customers accounts via Teller system (EPA only)

PPS Number original documentation attached Yes No

ACBS Loan(s) (Corp/BBRI) - Account number Yes No N/A

Moneydesk Deposits

1. Moneydesk (CSSC) - Account number Yes No N/A

2. Wall Street (Corp/BBRI) (Pay Ops) - Account number Yes No N/A

Mortgages

1. Correspondence address to be changed? Yes No N/A

If so, send the change of correspondence form and certified copy of POA /EPA (for EPA also send certification of registration) to DMC –

International Hold Account - Account number

1. Refer Marker Required? Yes No N/A

The refer marker will prevent any transactions from being made on the hold account without the approval of the RM or Branch Manager

2. Correspondence address to be changed? Yes No N/A

(NB - Back Office must be updated in advance of International changes)

3. Cheque book to be cancelled/ordered Yes No N/A

4. Signal Numbers to be cancelled Yes No N/A

Financial Planning

(NB - Back Office must be updated in advance of Financial Planning changes)

If so, send the change of correspondence form and certified copy of POA/EPA (for EPA also send certification of registration) to Financial Planning Support.

Staff signature

Name _____

Location _____

Date (DD/MM/YYYY)