

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		Other	
Forename(s)										
Surname										
Date of Birth (DD/MM/YYYY)	/		/							
Address										
								Postcode		
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)										
								Postcode		
Date you moved to your previous address (DD/MM/YYYY)	/		/							
Previous Address (If less than 3 years at current)										
								Postcode		
Telephone Number										
Signature of third party (Please print, sign and date the form)										
Date (DD/MM/YYYY)	/		/							

Third Party Mandate

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

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)	/ /