



Application to add a Third Party Mandate

**This form can be completed electronically, Saved and printed.
If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes that apply.**

1. Personal Details

1st Applicant

Surname

Title Mr Mrs Miss Ms Other

Forename(s) in full

Home telephone

Work telephone

Mobile Number

Email

Preferred correspondence Email Post Phone

Preferred contact time AM PM

Permanent address

Postcode

Date of birth

Marital status

Are you related to any other customer at the Society? Yes No

Relationship

2nd Applicant

Surname

Title Mr Mrs Miss Ms Other

Forename(s) in full

Home telephone

Work telephone

Mobile Number

Email

Preferred correspondence Email Post Phone

Preferred contact time AM PM

Permanent address

Postcode

Date of birth

Marital status

Are you related to any other customer at the Society? Yes No

Relationship

2. Current employment status

1st Applicant

Occupation

Sector

Name and address of your current employer

Postcode

How long have you worked for this employer

If employed or self employed for less than two years please provide previous job history

Annual Income

Other Income

Where other income is detailed please confirm where this is from

2nd Applicant

Occupation

Sector

Name and address of your current employer

Postcode

How long have you worked for this employer

If employed or self employed for less than two years please provide previous job history

Annual Income

Other Income

Where other income is detailed please confirm where this is from



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Self Employed Only

1st Applicant

Gross annual share of net income from partnership

Gross share of net profits for the most recent accounting period

2nd Applicant

Gross annual share of net income from partnership

Gross share of net profits for the most recent accounting period

3a. Level of third party:

Please refer to the Third Party Matrix and the Third Party Mandate Explained.

1.A Account details and authorisation

Full name of first account holder

First account number

Full name of second account holder (if applicable)

Second account number (if applicable)

Full name of third account holder (if applicable)

Third account number (if applicable)

Full name of fourth account holder (if applicable)

Fourth account number (if applicable)

I/We hereby authorise and request Chorley Building Society to permit the person detailed in section 1B of this form to operate my/ our accounts (as listed above). I/We understand that a person with a Third Party Mandate has the authorisation to be given information regarding the account(s) I/We further understand that the Third Party Mandate holder's signature shall be a complete and binding discharge and I/we agree that this authority shall remain in force until receipt of your acknowledgement of any notice of revocation given by me/us.

All signatories to sign:

First account holder

Third account holder (if applicable)

Second account holder (if applicable)

Fourth account holder (if applicable)

Date

3b. Third Party details

Title

 Mr Mrs Miss Ms Other

Address

Forename/s in full

Postcode

Surname

Relationship to account holder

Date of birth

Signature of third party

Telephone

Email address

Date

The proposed Third Party Mandate holder should return this form to Chorley Building Society together with the required forms of identification. Please refer to the Society's Identification Criteria which is available in branch or at www.chorleybs.co.uk



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3c. Third Party current employment status

1st Applicant

Occupation	<input type="text"/>	Annual Income	<input type="text"/>
Sector	<input type="text"/>	Other Income	<input type="text"/>
Name and address of your current employer	<input type="text"/> <input type="text"/> <input type="text"/>	Where other income is detailed please confirm where this is from	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>		
How long have you worked for this employer	<input type="text"/>		
If employed or self employed for less than two years please provide previous job history	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Self Employed Only

1st Applicant

Gross annual share of net income from partnership	<input type="text"/>
Gross share of net profits for the most recent accounting period	<input type="text"/>

Your Personal Information and what we do with it

We are a data controller of your personal information. The way that we process your personal information is described in our Privacy Notice. This information is available on our website www.chorleybs.co.uk/privacy

STAFF USE ONLY

Customer Advisor: Date: Checked by: Date: