

Third party mandate

This third party mandate can only be used for M&S Current Account, M&S Premium Current Account, M&S Premium Current Account with insurance and M&S Monthly Saver.

Complete this mandate when you wish another person or persons to operate your account(s). This form can be completed in a branch, providing all account holders and third parties are present, or alternatively returned via post to M&S Bank. In both instances, M&S Bank will undertake a security check. The third party mandate will not come into force until this check has been completed. A confirmation letter will be issued to the account holder(s) once completed. For more detail on how we will use your personal information, please read our Privacy Notice at marksandspencer.com/bankprivacynotice. You can also get a copy at one of our branches.

General guidelines/instructions

- Complete in black ink only.
- Do not use correction fluid.
- The account holder(s) must initial any corrections or deletions.
- The mandate can only be cancelled in writing by the account holder(s).
- You cannot use this form for all of your joint and sole accounts. If you wish another person or persons to operate your joint and sole accounts, please complete separate third party mandates.
- This mandate does not cover any future accounts opened with us. A separate third party mandate must be submitted once the new account is active.
- The completed mandate should either be returned to M&S Bank in the prepaid envelope provided or returned to a branch.

Identification and address verification of third party signatories

To comply with current regulations, M&S Bank must identify and verify the address(es) of any person(s) that you authorise to operate your account(s). We may be able to do this electronically. If we're not able to verify any details electronically, we will contact you with a list of acceptable forms of ID and address verification.

Third party mandate

To: M&S Bank

Date - -

CIN

SECTION 1 – Account holder details

Account or reference numbers

Account holder name

House number or name Street name

Town/City County

Postcode Country

Account(s) of

Insert your name(s) as it appears in the title of the account.

Until I/either of us give you notice in writing to the contrary please consider

Insert full name of person(s) you are authorising to act as a third party signatory(ies)

to act as third party(ies) on my/our account(s) specified below.

SECTION 2 – Account details

If you have any existing third party signatories on your account(s), are they to remain? Yes No Not applicable

I/We require this mandate to cover the accounts specified below.

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SECTION 3 – Authority

3(i) Please ensure that you have ticked the appropriate box for each option AND that you (all account holder(s)) have initialled against each option.

The third party(ies) are authorised to:

a) Sign cheques and other instructions for payment on my/our behalf whether any account is in debit or credit. Yes No Initials

b) Obtain information relating to my/our account(s) with the bank. Yes No Initials

c) Deal with any other transactions relating to the account(s) detailed above, the only exceptions being that only the account holder(s) is/are authorised to: close account(s), open additional accounts, withdraw cash at an ATM using a debit card belonging to the account holder(s), access Internet Banking, agree to review or increase lending facilities and change the names and address on the account. Yes No Initials

Note: This mandate can only be cancelled in writing by the account holder(s).

Any ONE individually

Any TWO together

All to sign TOGETHER

3(ii) Where the account holder(s) names two or more third party signatories, they can either act individually or jointly when giving instructions to the bank. Please insert a tick in one of the boxes to indicate your choice.

Note: If you have named more than one third party and section 3(ii) is left blank, we will assume that each third party signatory can sign individually.
Note: Telephone access will only be available to third party signatories if they are authorised to sign individually.

SECTION 4 – Telephone access

Does the third party require telephone access? (Only applicable if each third party signatory can sign individually) Yes No

If yes, please indicate who requires access

Note: If section 4 is left blank, we will assume telephone access is not required.

Third party signatory/signatories

All third party signatories must complete their details and the signatory box below – only new signatories need to sign.

Please complete using black ink and BLOCK capitals.

THIRD PARTY PERSONAL DETAILS

Title Mr Mrs Ms Miss Dr Other (please specify)

First name(s) Surname

Are you now or have you ever been known by any other names? eg professional or maiden name Yes No

If you have been known by any other names please provide them below. There is space for 2 additional names below.
If you need further space, please use a blank piece of paper.

OTHER NAME 1

Title Mr Mrs Ms Miss Dr Other (please specify)

First name(s) Surname

OTHER NAME 2

Title Mr Mrs Ms Miss Dr Other (please specify)

First name(s) Surname

Date of birth - -

Nationality/Citizenship (1)

You may be a national or citizen of a country if it has issued you with a passport, or if you have the right to vote in its national elections, for example. If you hold more than one nationality/citizenship, please include these below (you can include up to three).

Nationality/Citizenship (2) Nationality/Citizenship (3)

Contact telephone number

Current address (please note we are unable to accept c/o or PO Box addresses)

Postcode Country

How long have you lived here? years months

If you've been at your current address less than three years, please supply all other addresses you have lived at during this period.
There is space for two additional addresses below; if you need further space, please use a blank piece of paper.

Previous address 1

Postcode Country

How long did you live there? years months

Previous address 2

Postcode Country

How long did you live there? years months

By signing below you agree that you will operate the account(s) detailed in section 2 in accordance with the M&S Banking Terms and Conditions, a copy of which you have received.

To prevent crime and to verify your identity a search will be undertaken with a credit reference agency. The credit reference agency will check your details against any database, public or otherwise, and may also use the details you have provided to assist other companies for verification and identification purposes. A record of the search will be retained. The record will not be visible to other parties and will not impact upon your creditworthiness. If you provide false or inaccurate information and fraud is identified, details will be passed to fraud prevention agencies.

I give permission for you to carry out appropriate checks against my name.

Signature

If there is more than one third party, you must fill in all their details on the next pages.

Third party signatory/signatories

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Please complete using black ink and BLOCK capitals.

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Date of birth DD - MM - YYYY

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I give permission for you to carry out appropriate checks against my name.

Signature

X

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I give permission for you to carry out appropriate checks against my name.

Signature

X

Account holder(s)

I/We agree that:

- i. any debt or other liability incurred under this mandate shall be the responsibility of the account holder(s) in accordance with your account terms and conditions.
- ii. M&S Bank is under no obligation to ascertain or enquire into the purpose(s) for which any of the above authorities in section 3 are exercised;
- iii. this mandate, if not revoked by me/us, shall be binding until you receive written notice of my death/either of our deaths.

Full names and signatures of all account holders

Please complete using black ink and BLOCK capitals.

1. Name	<input type="text"/>
Signature	X

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Signature	X