

Attorney supplementary form

Please provide the complete, original or certified copy of the power of attorney document.

Account number(s)						

Attorney details				
	Attorney one		Attorney two	
Existing savings or mortgage account number(s) (if applicable)				
Name				
Address (including postcode)				
Country				
Telephone number				
Email address				
Gender				
Date of birth	/	/	/	/
Nationality				
Please tick if you require a cash o	card Yes	No	Yes	No
If you are not an existing memlin line with Money Laundering Correspondence address		rovide Group A & I	B identification from th	e checklist provided,
Is the correspondence address to	be changed?		Yes	No No
If Yes, is it to be the address of th	ie:	Donor	Attorney one	Attorney two
Signatures				
Signature(s)				
Date	/	/	/	/
All personal information provided collected on this form will be use To see our full Privacy Policy plea	ed for the purpose of updating o	our records with Atto	rney details in relation to	the accounts specified.
For office use only	Branch number	Cashier numbe	er Date	/ /
If the customer has property insu notify Arthur J. Gallagher (UK) di		J. Gallagher (UK) (se	ee 3rd party products), plea	ase advise them to

