

Please use black ink.

NAME OF ACCOUNT HOLDER(S):

Account No(s):

Term of Mandate

(Maximum 12 months from date of mandate.)

This mandate will expire on

D	D	M	M	Y	Y	Y	Y
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Third Party's Personal Details

All fields are mandatory.

Title

Forename(s)

Surname

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Address

Post Code

Previous Address

If less than 3 years at current address

Post Code

Third Party Identification and Data Protection

We are required by law to check your identity before you can be accepted as a Third Party. We use an electronic verification system to do this. In certain cases we will need further proof of your identity before we can proceed with your request; please refer to our leaflet 'Proving Your Identity' for further details. All documents you provide will be recorded and copied for audit purposes as part of our anti money laundering requirements.

For further details on how your personal information is used and how we maintain the security of your personal information, please refer to our Privacy Policy http://www.mhbs.co.uk/privacy_policy.aspx or contact the Society's Data Protection Officer, Julie Mottram, at dpo@mhbs.co.uk or by calling 01858 412250.

Third Party Declaration

I declare that:

- I acknowledge receipt of the Third Party terms and conditions and General Savings Account terms and conditions and confirm that they have been read and understood.
- This mandate has been completed to the best of my knowledge and belief;
- I consent to the Society using electronic means to verify my identity if required;
- I understand that Market Harborough Building Society may process, transfer or disclose my personal information to meet contractual, legal & regulatory obligations.

Signature of Third Party	Date
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Account Holder Declaration

I/We hereby authorise and request Market Harborough Building Society to act upon instructions from the below named individual in accordance with the terms and conditions of my/our account(s) and the Society's Third Party terms and conditions.

I/We declare that:

- I/We acknowledge receipt of the Third Party terms and conditions and confirm that they have been read and understood.
- This authority relates only to the account specified above and is not transferable.
- The Society will be unable to accept this authority if they believe that I am/we are incapable of understanding the implications of granting such an authority.
- Once registered, written instructions will be required to cancel this Mandate by either the Account Holder or the Third Party at any time. This can be done over the telephone, but must be followed up in writing.

Account Holder's Signature(s)

First Account Holder	Second Account Holder
Date	Date

OFFICE USE ONLY

Customer Name:	
Account Number:	
Staff Number:	Date: