

Power of attorney

Private & confidential - when completed

The information contained within this form relates to application reference number

Where there is a Power of Attorney please complete this section. If there are additional attorneys please provide full details on a separate sheet and attach to the application form.

Please complete the details below and provide the original power of attorney, or a copy certified as a true copy and verification of identity for each attorney.

Title (Mr/Mrs/Miss/Ms/other)	<input type="text"/>	Surname	<input type="text"/>
Forename(s) (in full)	<input type="text"/>		
Date of birth	<input type="text"/>	Male	<input type="checkbox"/> Female <input type="checkbox"/>
Full postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Title (Mr/Mrs/Miss/Ms/other)	<input type="text"/>	Surname	<input type="text"/>
Forename(s) (in full)	<input type="text"/>		
Date of birth	<input type="text"/>	Male	<input type="checkbox"/> Female <input type="checkbox"/>
Full postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Please note that the only circumstances in which we can accept an ISA application made by an attorney are in cases of:

- Mental disorder or incapacity, or
- Physical disability, illness or old age.