

1359-8 (UOI = 1 x Pk 25) 06/04

GUIDELINES FOR COMPLETING THIS MANDATE

Please read these notes and Notes 1 & 2 at the bottom of page 2 of the mandate before completing this mandate.

You should use this mandate if you are executors, administrators or trustees.

You must provide us with the Probate, Letters of Administration or the Trust Deed for us to photocopy and return to you. If these are not available you should provide them as soon as possible.

All joint executors, administrators or trustees **must** sign the mandate. If you are a sole executor or administrator you do not need to complete this mandate.

We will assume that the mandate covers all of your accounts unless you tell us otherwise.

The mandate should be completed in black ink and you must not use correction fluid. Any corrections must be initialised by two signatories.

Section 1 This section details the signing instructions for your account. It tells us who is authorised to sign your cheques, deal with items held in safe keeping and give any other instructions. Normally all trustees must sign. If signing is to be delegated by you as trustees, the trust deed must permit you to do so.

Delete the words which do not apply and insert the full name of the deceased or the trust.

In section 1a insert the signing instructions for cheques having read Note 1 on page 2 carefully.

In sections 1b & 1c you can authorise specific people if permitted by Note 1 or you can insert 'the signatory' if you want the same arrangements for items held in safe keeping and for any other transactions as for signing cheques. For example:

1. We the undersigned request you to open/~~continue~~* an account in our joint names as Executors/
~~Administrators/Trustees~~* of
John Smith Deceased
and, until any of us cancels this mandate, we hereby authorise you to;
- a) pay cheques or other instructions for payment or accept instructions to stop such payments signed on our behalf by all of us ('the signatory') whether any account in our joint names is in debit or credit;
- b) deliver any item held on our behalf by the Bank in safe keeping against the written receipt of the signatory; and
- c) accept the signatory as fully empowered to act on our behalf in any other transactions with the Bank (including closing any account(s)).

Section 3 You should read Note 2 on page 2 carefully and complete as appropriate.

Specimen Signatures

Each signatory must complete a signatory box on pages 1 and 2 providing their full name, residential address, date of birth, official position and a specimen of their signature.

Once all signatories have signed the mandate you MUST rule through any unused signatory boxes.

Identification and address verification of Signatories

To comply with current regulations, the Bank must identify and verify the address(es) of all signatories to the account. We will require separate original documents to confirm their identity and verify their address(es).

Examples of documents include the following:-

Full U.K. Driving Licence for **either identification or address verification**, but not both

Valid full Passport for identification

Credit card/Utility bill dated within the last 4 months for address verification

Upon request, we will provide guidance on other suitable documents.

After completing the mandate please return it to your branch.

1. Please insert 'either', 'any two', 'all', or as you wish. In the case of trustees, all must sign unless the trust deed or will trust permits less than all to sign.

2. You must produce if you are Executors/Administrators, the Probate of Will or grant of Letters of Administration when received or, if you are Trustees the Trust Deed.

FOR BANK USE ONLY	NEW ACCOUNT	Yes/No* *Delete as appropriate									
BRANCH CONTACT FOR QUERIES											
Name (Capitals)		Internal Tel.No.....									
MANDATE REVIEWED BY AUTHORISED SIGNATORY IN ACCORDANCE WITH PROCEDURES AND IDENTIFICATION SUMMARY FORM COMPLETED Signature Date											
Does this mandate cover all accounts held with us now and in the future?		Yes/No* *Delete as appropriate	Code Stamp								
If Yes - Insert Customer Identification Number <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>											
CARE - DO NOT COMPLETE THE ACCOUNT NUMBER BOXES BELOW IF YOU HAVE ANSWERED YES TO THE ABOVE QUESTION											
If No - Insert the relevant sort code and account number(s) that this mandate covers											
<table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"> <tr><td>4</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle; margin-left: 10px;"></table> <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle; margin-left: 10px;"></table> <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle; margin-left: 10px;"></table> <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle; margin-left: 10px;"></table>				4	0						
4	0										

Mandate for Executors/Administrators/Trustees (not for use by companies)

To: **HSBC BANK plc**

Date

**Delete as appropriate*

Insert name of the deceased or name of trust

1. We the undersigned request you to open/continue* an account in our joint names as Executors/Administrators/Trustees* of

Woods Building supplies Pension Scheme.
and, until any of us cancels this mandate, we hereby authorise you to;

See Note 1 on Page 2

- a) pay cheques or other instructions for payment or accept instructions to stop such payments signed on our behalf by _____ of us ('the signatory') whether any account in our joint names is in debit or credit;
- b) deliver any item held on our behalf by the Bank in safe keeping against the written receipt of _____; and

Insert as required, for example 'the signatory'

The use of correction fluid is not permitted on mandates

- c) accept _____ as fully empowered to act on our behalf in any other transactions with the Bank (including closing any account(s)).
2. We agree that we are jointly and severally liable to you for any debt or other liability incurred to you under this mandate, and that in the absence of your written agreement to the contrary any debt shall be repayable on demand.

See Note 2 on Page 2

3. The document by which we are appointed is/will* be produced for your inspection and return.

All the Executors who have taken out probate or all of the Administrators or Trustees must sign here with their usual signatures

Please rule through unused boxes - See Overleaf

Full name of Signatory (Block letters please) <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Address and post code (Block letters please) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>										
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	PostCode <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y				
Please sign here, keeping within the box Customer Identification Number (Bank Use Only) <table border="1" style="width: 100%; text-align: center;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>											Date of birth e.g.15081955 Official Position <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

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Continued overleaf

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Address and post code (Block letters please)

PostCode

Date of birth
e.g.15081955

D	D	M	M	Y	Y	Y	Y
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Please sign here, keeping within the box

Official Position

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