### GUIDELINES FOR COMPLETING THIS MANDATE

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

médushould use this mandate in you are protections, administrators or trustees; for the standard of med protections of the

You must provide us with the Probate, Letters of Administration or the Total Decaylor as to photocopy and estura town you. If these are not available you should provide them as soon as possible.

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

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

The mandale should be completed in black ink and you must not use correction fluid. Any corrections must be initialled by we signatories.

Separatives.

In a section details the sering maringing for your account. It tells us who is nullicorised to seen your

cheques, deal with items held in safe keeping and give uny other unstructions. Magnially uffirmates [1] unust sign. If sammer 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 meet the full name of the deceased or the trust.

in section its insert the agrang instruction, for cheques having read Note I on page 2 earently

In sections 1b & le you can authorise specific people it permitted by blote I or sent can insert
the signatory if you want the same arrangements for nems held in safe keeping and for any other manactions as for
signing cheques. For example, given to take in a remain time upon it makes a was reduction.

We the underlying the property of the property of solutions are local united as Executors Administration of restors to the solution of the sol

# MANDATE FOR

## EXECUTORS / ADMINISTRATORS / TRUSTEES

any dent shall be repayable on demand.

The Locality who have taken out probate or all of the Administrators or Traviers many sign here with their usual signature

o 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.

specimes Signatures

Each signatory must complete a signatory box on pages 1 and 2 providing their full name, residential adoress, date of birtin official position and a specifical of their gignature.

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

idendication and address redication of Signatorics

in comply with current regulations, the Bank next identify and verify the address(es) of all signatories to the account. We still require separate oranged documents to confirm their identify and verify their addresses).

Families of documents include the following.

Fall I.L. Distinct less of the datastic sec-

alid full Passport for identification

redut cards officer within the last 4 months for address verificand

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

After completing the marking please return it to went branch

### 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 initialled 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:

| Adn<br>Jol | the undersigned request you to open/ <del>continue</del> * an account in our joint names as Executors/ ministrators/Trustees* of w Smith Deceased , 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 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 as fully empowered to act on our behalf in any other transactions with the Bank (including closing any account(s)).  |
|            | Adr<br>Jol<br>and<br>a)<br>b)   |

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.

| FOR BANK USE ONLY<br>BRANCH CONTACT FO  |   | Yes/No* *D                      | Delete as app                 | ropriate                    | probate o                  | 180 1133             | ave tad     | A vilv<br>bossed | ano e<br>anote<br>a dguer | e Bree<br>rule the | th the  |
|---|---|---------------------------------|-------------------------------|-----------------------------|----------------------------|----------------------|-------------|------------------|---------------------------|--------------------|---------|
| Name (Capitals)   | code (Block letters please)   |                                 | duke                          | Internal                    | Tel.No                     |                      |             |                  |                           |                    |         |
| MANDATE REVIEWED BY AU<br>IN ACCORDANCE WITH PRO<br>IDENTIFICATION SUMMARY  |   | ture                            |                               |                             |                            |                      |             | D                | ate                       |                    |         |
| Does this mandate cover all   | accounts held with us now   | and in the futur                | re? Yes                       | No* *D                      | elete as ap                | propriat             | te          | Co               | de Sta                    | mp                 |         |
|   | entification Number HE ACCOUNT NUMBER BOXES FOR code and account number |                                 |                               |                             | THE ABOVE                  | QUESTI               | ON          |                  |                           |                    |         |
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|   |   |                                 |                               | (8)                         | 2 34 3 446                 | <del>(3) (3/2</del>  | I I I       | cation           | ditaeb                    | mer l              | Cust    |
| Mandate for Ex  |   |                                 |                               |                             | or use by                  | compa                | nies)       | atory            | f Stgn                    | o sans             | Full s  |
| To: HSBC BANK plc  *Delete as appropriate   | Date  1. We the undersigned a Administrators/Trust                      |                                 |                               |                             | count in c                 | our join             | nt nam      | nes as           | Execu                     | tors/              |         |
| Insert name of the deceased or name of trust  | Moods Be  |                                 |                               |                             |                            |                      | Sch         | en               | le.                       |                    |         |
| See Note 1 on Page 2  | a) pay cheques or other<br>signed on our behalf<br>whether any account  |                                 |                               |                             |                            | ns to st<br>us ('the | e signa     | itory')          |                           |                    |         |
| Insert as required, for example 'the signatory'   | b) deliver any item held  |                                 |                               |                             |                            | ainst tl             | he wri      | tten re          | eceipt                    | of                 |         |
| The use of correction   | c) accept<br>to act on our behalf                                       | in any other tr                 |                               |                             | as fully                   |                      |             | anv a            | ccoun                     | t(c))              |         |
| fluid is not permitted<br>on mandates   | 2. We agree that we are you under this mand any debt shall be rep       | jointly and sevate, and that in | werally liable<br>the absence | to you fo                   | or any deb                 | t or otl             | her lia     | bility           | incurr                    | a Sucar            |         |
| See Note 2 on Page 2 All the Executors who have a Please rule through unused boxe   |   |                                 |                               |                             |                            |                      | -           |                  |                           |                    |         |
| Full name of Signatory (B   | VIII WE HIS   |                                 | dress and po                  | st code (B                  | Block letter               | rs pleas             | se)         |                  |                           |                    |         |
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|   |   | Dat                             | e of birth                    | D                           | D M                        | М                    | Y           | Y                | Y                         | Y                  |         |
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| Full name of Signatory (B   | Block letters please)   | Add                             | dress and po                  | st code (B                  | lock letter                | rs pleas             | se)         |                  |                           |                    |         |
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| Please sign here, keeping w.<br>Customer Identification N   |   | Off                             | icial Position                | two', 'gill'<br>less than a | ther', 'uny<br>t permits i | do' inae<br>eant lin | nse in      | L Ple<br>dec     |                           |                    | 2310    |
| Customer Identification is  | al om 2 to What and   |                                 |                               |                             |                            |                      |             |                  |                           |                    |         |
| 1000 0000 0000  | .7991   | Rees the Lass                   | eard orn moy                  | H 30 B37                    | ENGINE CONTRACTOR          | THE PARTY            | ACCUPATION. | DA.              |                           | V. 10. 7           |         |

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

| Full name of Signatory (Block letters please)  | Address and post code (Block letters please)   |
|--|--|
| Pleasurgest these notes and Notes & 2 at the bo  | ANDATE REVIEWED BY AUTHORISED SIGNATORY  IF ACCORDANCE WITH PROCEDURES AND  DESCRIPTION OF THE SECRETARY OF THE PROPERTY OF THE SECRETARY OF STREET OF THE SECRETARY OF THE SECR |
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| Full name of Signatory (Block letters please)  | Address and post code (Block letters please)   |
| continue an account in our joint names as Executors/   | Administrators/Trustees* of  Administrators/Trustees* of  Administrators/Trustees* of  |
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| Full name of Signatory (Block letters please)  | Address and post code (Block letters please)   |
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Notes:

- 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.