THIRD PARTY MANDATE

YOU AND THE CAMBRIDGE					
Are you an existing member of The	e Cambridge?*	Yes	No 🗌		
Your Cambridge account number					



Head Office, PO Box 232, 51 Newmarket Road, Cambridge CB5 8FF

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM. ALL FIELDS WITH * ARE REQUIRED

SECTION 1 – PERSONAL DETAILS
ACCOUNT HOLDER(S) NAME(S) Please insert your name exactly as it appears in the title of your account
1.
2.
3.
4.
Contact number
SECTION 2 – THIRD PARTY SIGNATORY
1. The third party signatory must fill in all the details requested below.
2. The third party signatory must provide us with acceptable documentation to prove their identity and address.
Please see the Verifying Your Identity page on our website for details of which forms of identification are acceptable. Alternatively you can request a leaflet in branch or by calling 0345 601 3344.
Relationship to account holder
Surname (Mr/Mrs/Miss/Ms)
Address*
Postcode*
Date moved to current address* (MM/YYYY) /
Date of birth* / / Email address*
Littali address
SECTION 3 – THIRD PARTY CITIZENSHIP AND TAX RESIDENCY
Are you only a UK citizen? Yes No
Are you only a UK tax resident? Yes No
If you answered no to either of these questions you must answer the next two questions.
Are you a United States of America citizen? Yes No
Which other country are you a tax resident of?
National Insurance number / TIN / other non-UK tax reference number
SECTION 4 – THIRD PARTY DECLARATION
1. I undertake to notify The Cambridge of any change of circumstances.
2. I agree that The Cambridge may use my information as stated in the Privacy Policy.
THIRD PARTY SIGNATURE Please sign and date below
Signature Date / /

SECTION 5 - ACCOUNT HOLDER(S) DECLARATION

I agree that:

- **1.** Any debt or other liability incurred to The Cambridge Building Society as a result of this mandate will be the responsibility of the account holder(s). Any such debt will be required to be repaid upon demand;
- 2. The Cambridge is not required to obtain information as to why the third party is exercising their power to withdraw funds from the account(s) covered by this mandate;
- 3. This mandate will remain in place until the account holder confirms in writing their wishes to withdraw it. Alternatively, it will remain in place until The Cambridge is notified of the death of either the account holder or the third party.

SIGNATURES OF ALL ACCOUNT HOLDERS Please sign and date in the box provided

Signature	Date	/	/
Signature	Date	/	/
Signature	Date	/	/
Signature	Date	/	/