

# Combined Authority to Deal Application Form

## 1 Details of person authorised to deal

Applicant to complete

If you're a Financial Adviser please fill in sections 3 and 4

Mr  Mrs  Ms  Miss

Other  If 'Other' please state

Forename(s)

Surname

Any other name you have been, or are, known by

Date of birth

Nationality

Do you have dual nationality?

Yes  No

If 'Yes' please specify

Country of residence

Permanent residential address




Postcode

Are you authorised to deal on any other Abbey Sharedealing accounts?

Yes  No

Relationship with account holder(s):

Spouse  Parent

Child  Friend

Other

If 'Other' please specify

Abbey Stockbrokers Limited may make checks with a credit reference agency for verification and other purposes.

## 2 Declaration and signature

Applicant to complete

I confirm that the information set out in section 1 above is correct and request that I be allowed to act on the account holder's behalf. I understand that a credit reference search will be conducted and that the Credit Reference agency used may keep the results of such searches. Whenever using this facility, I will use the account password to identify myself.

Signature of person authorised to deal

Date

## 3 Financial Adviser details

IFA to complete

Name

Business name

Business address



Postcode

FSA authorisation number

Please tick authorisation required:

Place dealing instructions

Place corporate action instructions

Receive copy contract notes

Access account information

Abbey Stockbrokers Limited may run a verification check on you.

**4 Names of other authorised staff members** IFA to complete

Persons within the Financial Adviser's organisation authorised to give sharedealing instructions

Name

Signature

Name

Signature

Name

Signature

Name

Signature

**5 Authorisation** Applicant to complete

Account number (for office use only)

Account holder's name

Joint account holder's name

Nominate (whose details appear in sections 1 and 2 (or 3 and 4 if an IFA), to act on my behalf)

I / We accept that I / we will be solely liable for the transactions undertaken by the Authorised Dealer, and that neither he / she nor Abbey Stockbrokers Limited shall be liable for any losses or debts so incurred.

If however this is a SIPP account, the Trustee, James Hay Pension Trustees Limited, will normally be liable for the transactions undertaken by the authorised dealer, and I accept that neither the authorised dealer nor Abbey Stockbrokers Limited shall be liable for any losses or debts so incurred.

This Authority will remain in force until revoked in writing by me, or in the case of a joint account, by either of us.

I / We hereby authorise Abbey Stockbrokers Limited to accept trading instructions for my / our account from the above nominated Authorised Dealer, and to release information to him / her regarding my / our account as requested.

I / We confirm that this Authority to Deal does **not** allow the above mentioned person to make **any cash / stock withdrawals or transfers**.

I / We retain Sole liability for the conduct of the account, including any sums owed from the time to time to Abbey Stockbrokers Limited.

**Please note:** Abbey Stockbrokers Limited will make a credit reference search on the nominated individual.

Signed (account holder)

Date

Signed (joint account holder)

Date

James Hay Pension Trustees Ltd authorised signatory for SIPP account (for office use only)

Received (ASL)

Date

Accepted (ASL)

Santander is able to provide literature in alternative formats. The formats available are: large print, Braille and audio CD. If you would like to register to receive correspondence in an alternative format please give us a call and ask the adviser to fill in the 'SDST Customer Registration' form.

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