

Change of Account Information

USE THIS FORM IF YOU WISH TO:

- Notify us of a change of address - please complete section 1
- Remove an account holder - please complete section 2
- Change your name on your account - please complete section 3
- Register a Power of Attorney - please complete section 4
- Add a Third Party Signatory - please complete section 5
- Notify us that an account holder has died - please complete section 6

This form may be used for one or more of the purposes indicated above. Please ensure that section 7 of this form is completed in all circumstances.

Please enter your existing account details here before completing the relevant section(s) 1-6.

Account number:

Account holder name(s):

First named account holder	<input type="text" value="Title: (Mr, Mrs, etc)"/>	<input type="text" value="Forenames"/>	<input type="text" value="Surname"/>
Second named account holder	<input type="text" value="Title: (Mr, Mrs, etc)"/>	<input type="text" value="Forenames"/>	<input type="text" value="Surname"/>
Third named account holder	<input type="text" value="Title: (Mr, Mrs, etc)"/>	<input type="text" value="Forenames"/>	<input type="text" value="Surname"/>
Fourth named account holder	<input type="text" value="Title: (Mr, Mrs, etc)"/>	<input type="text" value="Forenames"/>	<input type="text" value="Surname"/>

1. Change of address and/or contact details

Is this a change of address or contact details for all account holders?

Yes No

Please tell us which account holder(s) the change relates to in the space below

Enter holders to whom the change applies, if not all holders

<input type="text" value="Account holder name"/>
<input type="text" value="Account holder name"/>
<input type="text" value="Account holder name"/>
<input type="text" value="Account holder name"/>

Is the address to be changed your permanent or your correspondence address? (If you do not have a separately registered correspondence address, just tick the 'Permanent' box).

Permanent Correspondence

New address:

<input type="text"/>
<input type="text"/>
<input type="text" value="Post/Zip code:"/>

What date did you move in?

Work contact telephone number:	<input type="text" value="WORK"/>
Mobile number:	<input type="text" value="MOBILE"/>
Email:	<input type="text" value="EMAIL"/>

Home contact telephone number:	<input type="text" value="HOME"/>
Fax number:	<input type="text" value="FAX"/>

Please include an original utility bill or a credit card or bank statement as proof of change of address. Please note: mobile telephone bills are not acceptable as proof of address. Please refer to the Guidance Note on Customer Identification for other options.

2. Removal of account holder(s):

I/we wish to REMOVE the following account holders:

<input type="text" value="Title: (Mr, Mrs, etc)"/>	<input type="text" value="Forenames"/>	<input type="text" value="Surname"/>
<input type="text" value="Title: (Mr, Mrs, etc)"/>	<input type="text" value="Forenames"/>	<input type="text" value="Surname"/>
<input type="text" value="Title: (Mr, Mrs, etc)"/>	<input type="text" value="Forenames"/>	<input type="text" value="Surname"/>

Please note: If the account is currently a sole owner account, the account cannot be changed into the sole ownership of a different person. Nor may all the joint holders of a joint account resign in favour of new holders. In these cases, the account must be closed and the funds transferred to a new account in the new holder(s) name(s). Any account holder being removed from the account must sign this form to give their consent to their removal.



The Santander Group has more than 150 years' experience in banking, and more branches worldwide than any other international bank.

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3. Change your name on your account

I/We wish to register the following change of name on my/our account:

Your name as currently held on our records:

Title	Forename	Forename
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Your new name in full as you wish it to be held on our records in future:

Title	Forename	Forename
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I/We enclose the following document to evidence the change of name. (Documents must be original or certified copies).

<input type="checkbox"/> Marriage certificate	<input type="checkbox"/> Deed Poll	<input type="checkbox"/> Divorce decree
<input type="checkbox"/> Other - please specify		

Please provide a sample of your old and new signatures. In future we will only accept your new signature.

Old signature:		New signature:	
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4. Register a Power of Attorney (please tick below)

I/We wish to register a Power of Attorney under which the Attorney has, or may have, the right to give instructions on my account.

I/We enclose the original or certified copy of the Power of Attorney.

I/We confirm that the name of the Attorney is:

Title	Forename	Surname
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Work contact telephone number:	WORK	Mobile number:	MOBILE
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Home contact telephone number:	HOME	Fax number:	FAX
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Email:	EMAIL
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I/We enclose documentary evidence of the Attorney's identity in line with the Guidance Note on Customer Identification. (Please note we cannot accept instructions from the Attorney until satisfactory identification documents have been received).

I/We agree that information relating to my/our account, myself/ourselves and account transactions may be disclosed to the Attorney.

I/We understand and agree that Alliance & Leicester International Limited may refuse to accept the Power of Attorney if it is not in a correct legal form or is not acceptable in the Manx jurisdiction.

I/We confirm that the reason why I/We wish to appoint the above named person as a Power of Attorney is:

Reasons for appointment of Power of Attorney:

5. Add a new signatory who is not a named account holder (Third Party signatory) (Please tick below)

I/We, being the account holder(s), wish to appoint the following person as a Third Party signatory to my/our account:

Title	Forename	Surname
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Work contact telephone number:	WORK	Mobile number:	MOBILE
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Home contact telephone number:	HOME	Fax number:	FAX
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Email:	EMAIL
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I/We confirm that the above person is authorised to give instructions on the account as if he/she were a named account holder

I/We confirm that the reason why I/We wish to appoint the above named person as a signatory on my/our account is:

Reasons for appointment of Third Party:

I/We enclose documentary evidence of the Third Party signatory's identity in line with the Guidance Note on Customer Identification, List A and List B. (Please note that we cannot accept instructions from the Third Party signatory until satisfactory identification documents have been received).

I/We agree that information relating to my/our account, myself/ourselves and account transactions may be disclosed to the Third Party.

I/We confirm that the following is a true sample of the signature of the Third Party signatory.

Signature of Third Party signatory:

Print name:

Please note: Third Party signatories will not be able to make withdrawals from the account if the account mandate requires all holders to sign. Special instructions will be required if this is intended.

We reserve the right to contact the account holder(s) at our discretion in relation to any transaction or account change requested.

6. Notification of the death of an account holder

I/We confirm that the following named account holder has died:

Date of death:

I/We enclose an original or certified copy death certificate; or

I/We will send the death certificate when obtained.

Please note: Further information on what to do when an account holder dies can be found in our Frequently Asked Questions leaflet, or by telephoning our International Customer Service Centre on: +44 (0) 1624 641888.

7. Declaration and authorisation - to be completed in all cases

I/We confirm that I/We are the holders of the above named account and that the information provided above is true and accurate. I/We request that the above changes be made to my/our account with Alliance & Leicester International Limited. I/We understand that Alliance & Leicester International Limited requires personal identification in accordance with the Guidance Note on Customer Identification for all new account holders, signatories, Attorneys and to verify any changes of name or other personal details. I/We understand and accept that any new account holders must sign and submit an account application form before they are accepted onto the account.

Data Protection Act

Information about individuals held on computer by us will be used only for purposes registered under the Act, including general business purposes, making credit decisions and marketing. Customers may request in writing a copy of their details held by us on computer for which a fee is payable.

Tick if appropriate

I/We enclose our account passbook for amendment.

Please sign below. All joint holders must sign if Sections 2, 4 or 5 have been completed. Signatures for Sections 1 and 3 should be in accordance with the account mandate.

First named account holder

Date:

Third named account holder

Date:

Second named account holder

Date:

Fourth named account holder

Date:

Please return your completed form to us at: PO Box 226, 19/21 Prospect Hill, Douglas, Isle of Man, IM99 1RY, British Isles. If you have any questions, please call our International Customer Service Centre on: +44 (0) 1624 641888.

Please see overleaf for Customer Identification Guidance Note

Guidance Note

Customer Identification

Like all banks, we comply with current anti-money laundering legal and regulatory requirements. We also set high company standards and policies for identifying and understanding our customers. Please read and comply with Sections A,B,C & D. Section E should be completed by the professional person who will certify your documents. A list of the recognised professional persons who can certify documents is shown below. If you don't provide the requested information we may be unable to update your account. If you have difficulty in supplying this documentation, please contact us so that we can discuss available options.

If you are an existing customer and have recently provided identification to us, we may not need further copies, but we reserve the right to ask for new documents and information at our discretion, for example if previous documents have expired or regulations /company policies have changed.

SECTION A – to enable us to verify your identity

For **EACH APPLICANT**, please provide a clearly legible certified photocopy of the relevant pages of your current passport (**List A document**). If you do not have a current passport, please contact us. We reserve the right to seek additional proof of identity documents at any time.

Your documents need to be certified by a professional person, such as:



- Qualified lawyer
- Qualified accountant
- Bank manager
- Serving police officer
- Government official
- Consular official of an Embassy, High Commission or Consulate of the country of issue of the document

The certifier must be independent of the individual for whom the account is being provided i.e. cannot be a family member or associated in any way with the account being opened.

SECTION B – to enable us to verify your permanent residential address

Please send us an original or a certified copy of one of the following (**List B**) documents, **NOT MORE THAN 3 MONTHS OLD**, showing your permanent residential address and preferably your full name. If it is a certified copy it must be certified by a professional person as above.

For security reasons, we recommend that you send certified copies of documents instead of originals as we cannot be held responsible for their safe receipt or return. We reserve the right to request further verification documents at any time.

- Bank statement (not one issued by Alliance & Leicester International)*
- Building Society statement*
- Driving licence
- Utility bill for fixed services (documents issued in a language other than English must be supported by a full English translation)*
- Local rates assessment or local taxes bill
- Personal tax assessment
- Insurance company document - quoting policy number (not a motor policy)

Documents addressed to PO Box numbers are not normally acceptable. Exceptionally, where PO Box facilities are used for the reasons of safety/security or where there is no local residential postal delivery system the documents quoted in Section B may be acceptable even where they quote PO Box numbers. Please seek advice from us if you need any clarification.

*Please note we will not accept documents printed from a website.

SECTION C – to enable us to verify your income

Please send us an original or clearly legible copy of the following applicable documents, showing details for **each** of your income(s). These should **NOT BE MORE THAN 6 MONTHS OLD**.

- Audited accounts*
- Pay slip or other wage notification
- Correspondence with a central or local tax office confirming income*
- Bank or investment statement confirming level of savings or investments where income is unearned*

*Please note: we will not accept statements printed from a website.

SECTION D – to enable us to verify your wealth

Source of wealth is distinct from source of funds and describes the origins of a customer's financial standing or total net worth i.e. those activities which have generated a customer's funds and property.

Examples of source of wealth documents may include Solicitor's Letter; Evidence of long-term savings; Investment sale contract notes. Please contact our office if you would like confirmation on the suitability of your proposed source of wealth documents.

If you don't provide the relevant information, there may be a delay in opening your account.

If you have difficulty in providing your certified passport, evidence of your permanent address, evidence of income or wealth, please contact us on: +44 (0) 1624 641888, 9:30 am to 5pm (Isle of Man time), Monday to Friday. Alternatively, you can email us at: customer.services@all.co.im

SECTION E - details of certifier - the following details must be provided by the certifier when certifying your identification documents.

Full name

Gender Male Female

Profession

Title or position

Professional body & qualifications (where applicable)

Name & address of certifier's employer

Postcode

Employer's telephone number

Fax number

Email address

Website address

SECTION F - certifier's check-list

The certified photocopy of the applicant's passport should include:

1. Name of applicant
2. Clearly legible photograph of the applicant
3. Date and place of birth clearly shown
4. Passport must be valid (not out of date)
5. Passport holder's signature
6. Nationality of the passport holder.



The certified wording used must state that:

1. The document is a true copy of the original and
2. The photograph is a true likeness of the individual concerned.

Examples of required certification wording showing certifier's signature and stamp:

01 July 2010

I certify that this is a true copy of the original and that the photograph is a true likeness of the individual concerned.

Signed

Elisabeth V. Perroni



ELISABETH V.PERRONI
 Managing Director
 The City Bank, 299 Central Boulevard, Perth,
 Western Australia 6000
 Tel 00 91 5 963901.

The certified photocopy of the applicant's proof of residential address should include:

1. Name and address of applicant
2. Date of the document, which should not be more than 3 months old.

Please note: where the proof of address is issued in a language other than English it must be supported by a full English translation, which should also be certified.

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