

Executor(s)/Administrator(s) Account Mandate



Please complete this form in BLOCK CAPITALS and in black ink. Please mark option boxes with an 'x'.

1. Customer details

Please insert the names of ALL Executors/Administrators:

Name (in full) _____	Name (in full) _____
Name (in full) _____	Name (in full) _____
Name (in full) _____	Name (in full) _____
Name (in full) _____	Name (in full) _____

2. Authority

I/We named above in section 1 as Executor(s)/Administrator(s) of the late:

whose last known address was: _____

authorise The National Westminster Bank Plc (the **Bank**) as follows:

A. Before I/we have obtained Grant of Probate or Letters of Administration or Confirmation, to open and allow credits to be applied to an account in my/our name as Executor(s)/Administrator(s) named above.

B. In England and Wales, after I/we have obtained and presented Grant of Probate or Letters of Administration to an authorised representative of the Bank, to accept all requests and instructions from:

☐ *One of us **OR** ☐ **All of us **OR** ☐ Another combination as detailed below

C. In Scotland, after I/we have obtained and presented Confirmation to an authorised representative of the Bank, to accept all requests and instructions from:

☐ **All of us **OR** ☐ *** Another majority combination as detailed below

* Requests will be processed on the instruction of one of the parties individually.

** Requests will be processed only if provided jointly by all parties.

*** Requests will be processed only if provided by the majority of the parties jointly.

This includes, but is not limited to:

- requests and instructions in relation to opening, continuing or closing an account;
- signing cheques and providing instructions for standing orders, Direct Debits, electronic payments, banker's drafts and other payments on an account (even if it causes that account to become overdrawn or exceed any limit); and
- requests and instructions to change any of my/our personal details.

Where there is more than one Executor/Administrator signatory, we agree to be jointly and severally liable for any debt on an account.

We do not require separate statements of account and we request the Bank to send statements to:

(Insert name and address of nominated account holder)

3. Executor(s)/Administrator(s) signature(s) – please sign in the centre of the box(es).

Please cross through any unused boxes in this section and on any additional sheets.

Specimen signature	Full name and home address of authorised signatory
<div></div>	Name (in full) _____
	Full home address and postcode _____
	Date (DD/MM/YYYY) _____
<div></div>	Name (in full) _____
	Full home address and postcode _____
	Date (DD/MM/YYYY) _____
<div></div>	Name (in full) _____
	Full home address and postcode _____
	Date (DD/MM/YYYY) _____
<div></div>	Name (in full) _____
	Full home address and postcode _____
	Date (DD/MM/YYYY) _____

For Bank use only

Guidance notes must be detached prior to sending to Mandate Centre

Sort code	Account number	Account number	Account number
<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>