

## Executor(s)/Administrator(s) Account Mandate

															opti											
1. Customer deta	ils																									
Please insert the names	of AL	LE:	xec	utor	s/Ac	lmir	nistr	ato	rs:																	
Name (in full)																										
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Name (in full)																										
2. Authority																										
I/We named above in se	ection	1 a:	s E>	cecut	or(	s)/A	dmi	nist	rat	or(s)	of tl	ne lo	ate	:												
whose last known addre	hose last known address was:																									
		us.																								
		us.																								
authorise The Royal Bar	nk of S		tlar	nd ple	the (th	ne <b>B</b>	ank	x) as	fo	llows																
·	ained	Scot	ant	of Pr	obo	ate c	or Le	ette	rs (	of Adı	mini									оре	en	and	d all	ow	cre	edits
A. Before I/we have obto to beapplied to an ac B. In England and Wales	ained count s, after	Scot Gra in r	ant my/ we h	of Pr our r	obt	ate d ne a: aine	or Le s Ex ed a	ette ecu nd p	rs o tor	of Adı (s)/A sente	mini dmi ed G	nistr ran	rate t of	or(s) Pro	nai bat	me e o	d al r Le	oove	Э.							
A. Before I/we have obto to beapplied to an ac	ained count s, after	Scot Gro in r	ant my/ we h he E	of Pr our r	obt obt	ate d ne as aine acc	or Le s Ex ed a	ette ecu nd p	rs o tor ore eq	of Adı (s)/A sente	mini dmi ed G and	nistr rant d ins	rate t of tru	or(s) Pro	nai bat	me e o ron	d al r Le n:	tter	e. s o	f Ad	lmi	nis	trat	ion	to	
B. In England and Wales	ained count s, after	Scot Gro in r	ant my/ we h he E	of Pr our r nave Bank	obt obt	ate d ne as aine acc	or Le s Ex ed a	ette ecu nd p	rs o tor ore eq	of Adı (s)/A sente uests	mini dmi ed G and	nistr rant d ins	rate t of tru	or(s) Pro	nai bat	me e o ron	d al r Le n:	tter	e. s o	f Ad	lmi	nis	trat	ion	to	an

C. In Scotland, after I/we l to acceptall requests a							sen	ted	Сс	nfi	rmo	atic	n t	o a	n a	uth	ori	sed	re	pre	ser	ntat	ive	of	the	Ва	nk,	
to acceptant equests an			All of						**	**A	not	:hei	r co	mb	oino	itio	n a	s d	eta	ilec	l be	lov	<b>V</b>					
* Requests will be proce *** Requests will be proce This includes, but is not line requests and instruction signing cheques and pro other payments on an acc requests and instruction	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.  nis 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.  There there is more than one Executor/Administrator signatory, we agree to be jointly and severally liable for any debt on																											
We do not require separat Insert name and address										re	que	est 1	the	Ba	nk	to s	en	d st	ate	eme	ents	s to	:					

## **Executor(s)/Administrator(s) Account Mandate**

**Authorised Signatories Sheet** 

Specimen signature																											
X																											
Full name and home of	addre	ss o	f aut	hor	rise	d si	gno	ator																			
Name (in full)																											
Full home address																											
Postcode							Date (DD/MM/YYYY)																				
Specimen signature																											
X																											
Full name and home of	addre	ss o	f aut	hor	rise	d si	gno	itor	у																		
Name (in full)																											
Full home address																											
Postcode																	ate D/I		1/Y	ΥΫ́	Y)						
Specimen signature																											
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Full name and home of	addre	ss o	f aut	hor	rise	d si	gno	ator	У																		
Name (in full)																											
Full home address																											
Postcode																	ate DD/		M/Y	ϓY	Ύ)						
Specimen signature																											
X																											
Full name and home of	addre	ss o	f aut	hor	rise	d si	gno	ator	У																		
Name (in full)																											
Full home address																											

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	