

Third-Party Access Form

Account Holder Personal Details

Account Number(s) (if existing customer):

Account Holder's Full Name:

Account Holder's Date of Birth:

Account Holder's Address (including postal code):

Third-Party Personal Details

Third-Party's Full Name:

Third-Party's Date of Birth:

Third-Party's Address (including postal code):

Third-Party's Email address:

Third-Party's Telephone number:

Account Details

If there are existing third parties on the account(s), are they to remain? **Yes; No; Not Applicable**

Do you require this mandate to cover all accounts held with The Royal Mint? **Yes; No**

If you wish this mandate to be limited to specific accounts, please list the relevant account numbers below.

Account Number(s):

Note: If this section is left blank, we will assume this mandate covers all the accounts that you currently hold with us.

Type of Access

Please ensure that you have ticked the appropriate box for each option:

Full Access (i.e., to operate the account in the same manner as the Account Holder) **Yes; No**

(If yes then move onto next section, if not then select from the following options (amongst these options you can select multiple).

Place Orders
Cancel Orders
Purchase History
Account Balance

Payments
Receive Deliveries

Note: Once access is granted it can only be cancelled in writing by the account holder, or attorney, controller, deputy, guardian, or intervener. Additionally, The Royal Mint reserve the right to revoke Third Party Access at our sole discretion and without reason at any time.

Password

Please specify the password to be used by the third-party for us to verify their identity.

Password:

Authority

By signing below, you are giving your representative access to operate your account as specified above. Any debt or other liability incurred under this mandate will be the responsibility of the account holder. We are under no obligation to ascertain or enquire with you as to the purpose for which your third-party exercises their authority. This mandate, if not revoked by you, will be binding on your personal representative(s) until we receive written notification of your death.

NAME:

DATE:

SIGNATURE:

Third-Party Consent

By signing below, I agree to act as a third-party representative for the above account holder. I agree to you carrying out identity and residency checks for the purposes of anti-money laundering, and verification, and shall provide you with any documentation required. I am not currently restricted from using The Royal Mint's services or otherwise prohibited from having a customer account. I agree to abide by The Royal Mint terms of use of its websites and its terms and conditions as if a guest and/or customer of The Royal Mint, as applicable. For details on our terms and conditions and how we process your data please see our website [Terms and Conditions | The Royal Mint Privacy and Cookies | The Royal Mint](#)

NAME:

DATE:

SIGNATURE: