

Per Pro Signatory Authority

Please write clearly in the spaces provided

1. Details of the person who will sign Per Pro							
Full Name (with title):							
Date of Birth:							
Nationality:				Country of Residence:			
Home Address (2 lines):							
Telephone Numbers:	Home:			Work:		Mobile:	
Fax:			Email address:				
Per Pro Signature:					Date:		

2. Authorisation (To be completed by the Account Holders)	
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Until further notice from me/any one of us, please accept the signature of the person named in Section 1 to undertake transactions on:

Account Number(s):	
Account Name (s):	

As Per Pro the person named in Section 1 is authorised to withdraw cash; sign Account Transfers, Bank of St Helena Cheques and International Remittances; Set up Standing Orders and Direct Debits; and receive Statements. Per Pro authorities are also eligible to be Additional Local Debit Card holders provided the relevant forms have been completed by the Account Holder. **CUSTOMERS COMPLETING AND SIGNING ANY FORMS AS A PER PRO AUTHORITY MUST INDICATE THEIR PER PRO AUTHORITY ON THE ACCOUNT BY WRITING PER PRO OR PP ALONGSIDE THEIR SIGNATURES.**

Customers are advised that Per Pro Authorities cannot authorise other individuals to undertake transactions on the named account(s) nor are they authorized to open, close or amend an Account without written instruction from the Account Holder.

2.1. Authorisation Continued - Signatories of Account Holders	
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All customers must sign the form and initial any alterations.

Account Holder							
Full Name (with title):							
Date of Birth:							
Address (2 lines):							
Telephone Numbers:	Home:			Work:		Mobile:	
Email address (if applicable)							
Signature:					Date:		

Account Holder 2 (for joint accounts)							
Full Name (with title):							
Date of Birth:							
Address:							
Telephone Numbers:	Home:			Work:		Mobile:	
Email address (if applicable)							
Signature:					Date:		