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## Authority for a Nominated Person to make a cash withdrawal during the COVID-19 Health Crisis

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\*This form is valid up until 1st September 2020

This form is designed to support our customers during the COVID-19 Health Crisis who are unable to attend the Bank to make cash withdrawals. Our customer(s) may nominate a trusted family member/friend ('Nominated Person') who can visit a Branch to perform a cash withdrawal up to €500 on the customer's behalf. The intention of this instruction is to allow customer(s) affected by COVID-19 and who cannot withdraw funds themselves to obtain cash up to €500 for the purpose of buying basic necessities. This form is for a single transaction and any further transactions will require completion of a new form.

To: Permanent TSB. ("The Bank")

Branch Location where transaction is to be performed:

Account Number:

Sort Code:

Customer Name(s):

Customer Address:

I/We \_\_\_\_\_ (insert name of Customer(s)) authorise \_\_\_\_\_

"the Nominated Person" to make a withdrawal from my/our Account listed above for the sum of €\_\_\_\_\_.

I/We instruct the Bank to process the cash withdrawal in accordance with this Authority. I/We confirm that the Bank can rely on the signing instructions contained in the Account Mandate to complete the cash withdrawal in accordance with the signing of this Authority.

I/We confirm that the Bank shall have no liability for carrying out the cash withdrawal authorised in this Authority. I/We hereby indemnify the Bank against any claims made against it or any losses incurred by it in respect of any actions taken by the Bank on foot of this Authority.

Signed by the Customer(s):

Date:

Signed by the Customer(s):

Date:

### Important Notes

- » This Authority is to be signed by the Nominated Person in the presence of a Bank Official in the Branch.
- » This Authority can be used by the Customer(s) on one occasion only.
- » The Bank reserves the right to refuse to accept this Authority and decline the request for a cash withdrawal on foot of this Authority.
- » **This Authority will expire after 5 working days of the date of the customer's signature.**
- » The Bank may call the Customer(s) to confirm the request, please ensure the Customer(s) are available to take a call.
- » The Bank will only allow cash withdrawal to be made where there are sufficient funds in the Account.
- » The Nominated Person must bring photographic identification to the Bank in order to confirm their identity.
- » This Authority allows for a cash withdrawal on the above listed Account only. No Account information will be provided to the Nominated Person and no changes to the operation of the Account will be permitted by the Nominated Person.

## Data Protection

- > The Bank will use and retain the information provided by the Nominated Person for the purposes of the provision of the service and to comply with the Bank's legal and regulatory obligations. This includes filing a copy of the identification presented with the transaction record.
- > For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our data protection notice in branches and online. It may change from time to time.

## To be completed in Branch:

### Nominated Person Declaration

I am authorised by the Customer(s) to make the cash withdrawal in the sum of € \_\_\_\_\_ from the Account listed above. I undertake to give all and every amount withdrawn to the Customer(s). In the event that I do not comply with this Authority, the Bank reserves all rights in pursuing me in respect of any claims which may be made against the Bank in respect of this Authority and matters arising out of this cash withdrawal.

Signed by the Nominated Person:  Date:

Address:

| <b>Bank use only</b>                     | 1st Sign off – Staff Number<br>Staff Initial | 2nd Sign off – Staff Number<br>Staff Initial |
|--|--|--|
| Customer Signature Verified              |  |  |
| Nominated Person ID Checked and Verified |  |  |
| Nominated Person ID Type                 |  |  |
| Nominated Person ID reference Number     |  |  |

| <b>Call back confirmation</b>         |  |
|---------------------------------------|--|
| Name of Customer Contacted            |  |
| Phone Number Called                   |  |
| Date and Time of Call                 |  |
| Contacted by (Staff members name)     |  |
| Verify Security Questions Asked (Y/N) |  |
| Brief Outline of Call Details         |  |