



# Power of Attorney

By completing and signing this form, you can authorise a named person ("Attorney") to manage your Davy account on your behalf. In order to comply with the Criminal Justice (Money Laundering & Terrorist Financing) Act 2010 (as amended), we are required to verify the identity of the Attorney(s). In order to satisfy these requirements please ensure that ONE name verification document and TWO address verification documents accompany this form.

**Name Verification:** For name verification purposes we will require a certified copy of a valid passport or Irish/UK driving licence.

**Address Verification:** For address verification we will require TWO original or certified items from TWO different sources e.g. a recent utility bill (electricity bill, gas bill, telephone), a bank, credit union or building society statement all dated in the last six months.

*A certified copy is a copy, which has been signed and stamped by a solicitor, chartered accountant, Garda, Commissioner for Oaths or a bank official as evidence that the photocopy supplied is a true copy of the original.*

The authorised person ("Attorney") will be able to:

- access information about your account
- place orders to buy or sell investments and Davy products
- enter into transactions that will be binding upon you
- accept payment on your behalf
- change your payment details or contact address
- transfer shares to another broker

**Please complete this section in full**

Client	Authorised Person / Attorney
Client Name .....	Name .....
Account reference(s) ..... .....	Address ..... ..... .....
Client Address ..... ..... .....	

**Power of Attorney**

I ..... (Principal(s)) hereby appoint ..... to be my Attorney in accordance with section 16 of the Powers of Attorney Act 1996 to do all or any of the following acts:

- a) Receive information, confirmations and statements relating to my share-dealing account(s) with Davy, reference(s) set out above;
- b) Instruct Davy to place trades, enter and dispose of investments and or make payments on my account;
- c) Complete, sign or execute any application forms or other documents necessary to do any of the acts at a) or b) above;
- d) Change the payment instructions, contact address or other details on my Davy account.

**Dublin Office,** Davy House, 49 Dawson Street, Dublin 2, Ireland. T: +353 1 679 7788. F: +353 1 614 8727.  
**Belfast Office,** 2nd Floor, Donegall House, 7 Donegall Sq. North, Belfast BT1 5GB. T: +44 0 2890 310655. F: +44 0 2890 310656.  
**Cork Office,** 89/90 South Mall, Cork, Ireland. T: +353 21 425 1420. F: +353 21 425 1410.  
**Galway Office,** 1 Dockgate, Dock Road, Galway, Ireland. T: +353 91 530 520. F: +353 91 530 710.  
**London Office,** 13th Floor, Ashwood House, 69 Old Broad Street, London EC2M 1QS, England. T: +44 207 448 8880.  
**Website** www.davy.ie Confidential © Davy 2010



I intend this appointment to last:

- for ..... days / weeks /months / years from the date on this form *(delete as appropriate)*
- until ..... dd/mm/yyyy
- until Davy receives notice in writing from me stating that I want to end the appointment  
Please select one only

I acknowledge and understand that:

- Acts done by my Attorney on my behalf under this Power will be effective and binding on me as if I had done them myself;
- In the course of managing my account with Davy, my Attorney may enter commitments or arrangements on my behalf that will give rise to financial liabilities and debts to Davy and others; and
- I will be responsible for paying these debts and liabilities.
- This Power of Attorney only applies to the account references set out on this form.
- In the event of my death, this Power of Attorney will no longer be effective.
- In the event that I become mentally incapacitated, this Power of Attorney will no longer be effective.

IN WITNESS whereof this Power of Attorney has been duly executed by the Principal(s)

**Signed**

**By**

.....

First Client

.....

**And**

.....

Second Client

*(for joint accounts only)*

.....

**In the presence of**

.....

Witness

.....

Address

.....

.....

Please ensure that your Attorney also signs this document

**Signed**

**By**

.....

Attorney (1)

.....

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