



Application form to open a savings account

We will need to take some personal information in order to process this request. Please fill in this form in black ink and use BLOCK CAPITALS. Please check any pre-printed personal details and change and initial them if they are not correct.

Amount investing	Acc No
	Type of Account

First Account Holder

Usage					
Title	Forename	Surname	DOB	NI No	Marketing
Address					
Post Code		Work Tel		Home Tel	

Second Account Holder

Usage					
Title	Forename	Surname	DOB	NI No	Marketing
Address					
Post Code		Work Tel		Home Tel	

Third Account Holder

Usage					
Title	Forename	Surname	DOB	NI No	Marketing
Address					
Post Code		Work Tel		Home Tel	

Fourth Account Holder

Usage					
Title	Forename	Surname	DOB	NI No	Marketing
Address					
Post Code		Work Tel		Home Tel	

What are the minimum number of signatories you require to operate this account?

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Interest payment method

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Identification provided

Proof of ID – Personal

Proof of ID - Address

1		1	
2		2	
3		3	
4		4	

Nationality**Occupation**

1		1	
2		2	
3		3	
4		4	

If any account holders have lived at their address for less than 3 years, please write their previous address below:

Previous address

Post Code

How are you expecting to fund the account?

Please tick all that apply:

Cash Direct credit (e.g. by standing order from a bank account) Cheque Transfer from another NBS account

How are you expecting to use the account?

Please tick the box that applies:

Regular/General savings Saving for a specific purpose General account for paying bills etc

Expected number of transactions per month

Paying tax?

Are you resident in the UK? Yes No Do you pay tax in the UK? Yes No

If no please state which countries you pay tax in and provide your tax reference number(s)

Important information

This is our standard application form upon which we intend to rely. You have been given our savings information pack which includes the following; savings account terms and conditions, product factsheet, privacy policy, FSCS details and charitable assignment conditions leaflet. For your own benefit you should read the contents of this pack.

I can confirm I have received the savings information pack

Declaration

- | | |
|--|---|
| <ol style="list-style-type: none"> I am investing the amount shown on this form in Nottingham Building Society just for my benefit as the owner. Or, I am investing the amount shown on this form just for my benefit and the benefit of the other joint owners. Or, I am investing the amount shown on this form as a trustee, nominee, executor or attorney. I have been given clear and appropriate information on the different types of savings and investment accounts to help me choose the right one for me OR I have already made up my mind about the account I want and don't require further help or information. The total amount I have invested in the Society, including the amount I am investing now and the total amounts in any other accounts where I am named as an individual, joint, trustee, nominee or executor holder, is not more than £750,000. I will not invest any extra amounts that would increase the total amount I have invested as an individual, joint, trustee, nominee or executor holder in the Society | <p>to more than £750,000.</p> <ol style="list-style-type: none"> This investment is <u>not</u> being made on behalf of a corporate body, a trustee for a corporate body, or a partnership where one or more partners is a corporate body. I agree (if I am a joint account holder) to the order in which the account holders' names will appear in the Society's records. I agree that this is important, since only the first account holder has voting and other rights as a "representative joint holder" under the Society's Rules, and the account balance is treated as belonging to him/her alone for the purposes of the Charitable Assignment. I also agree to the Charitable Assignment Conditions, a copy of which I have received, unless these do not apply to me as stated in the conditions. I have been given clear and appropriate information in regards to the protection of my eligible deposits and the relevant exclusions. This application form has been completed to the best of my knowledge and belief. |
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Your Signatures

First	Date:
Second	Date:
Third	Date:
Fourth	Date:

Branch	Till No	Cashier
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