

Application Form for Savings Accounts



Protected



Account number: (Office Use Only)

Please ensure all details are completed in full in BLOCK CAPITALS and tick boxes where applicable. This application form is for personal customers only and should be completed using BLACK INK. Boxes marked with an asterisk (*) must be completed. Failure to complete these boxes will result in the application form being returned to you.

Please write the name of the account you're opening and the amount you're investing.

Account Type: Initial Deposit: £

Make cheques payable to yourself

Section 1: Applicant 1

*Title:	<input type="text"/>	*Tel mobile:	<input type="text"/>
*First Name(s):	<input type="text"/>	Tel home:	<input type="text"/>
*Surname:	<input type="text"/>	Email:	<input type="text"/>
*Address:	<input type="text"/>	*Nationality:	<input type="text"/>
	<input type="text"/>	*Country of Residence:	<input type="text"/>
	<input type="text"/>	*National Insurance Number:	<input type="text"/>
*Postcode:	<input type="text"/>	Are you a citizen and tax resident of the UK only**?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Date of Birth:	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>	** If No, please complete a separate citizenship and tax residency self-certification form	
If you're an existing Society member, please give your account number:		<input type="text"/>	

Applicant 2

*Title:	<input type="text"/>	*Tel mobile:	<input type="text"/>
*First Name(s):	<input type="text"/>	Tel home:	<input type="text"/>
*Surname:	<input type="text"/>	Email:	<input type="text"/>
*Address:	<input type="text"/>	*Nationality:	<input type="text"/>
	<input type="text"/>	*Country of Residence:	<input type="text"/>
	<input type="text"/>	*National Insurance Number:	<input type="text"/>
*Postcode:	<input type="text"/>	Are you a citizen and tax resident of the UK only**?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Date of Birth:	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>	** If No, please complete a separate citizenship and tax residency self-certification form	
If you're an existing Society member, please give your account number:		<input type="text"/>	

Section 2: Withdrawal Instructions – for joint accounts

Any one signature:

Both/All signatures:

Section 3: How would you like your interest to be paid?

For accounts with a choice of monthly or annual interest, please tick your preferred option:

Annually:

Monthly:

Method of Interest Payment

Please tell us where you'd like the interest earned on savings to go by selecting one option below:

1. Add to this account:

2. Transfer to another Leek Building Society Account Number:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Transfer to my nominated bank/building society

Name of Bank/Building Society:

Sort Code:

<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>
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Account Number:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Roll/Reference Number (if required):

Identification Requirements

Please see the separate leaflet "Proving Your Identity" for full details of our identification requirements.

Please indicate that you've read the assignment and declaration sections by signing page 4 of this form.

Agreement to Assign

IF YOU HAD A SHARE ACCOUNT WITH THE SOCIETY ON 23 JANUARY 2000 AND HAVE KEPT A SHARE ACCOUNT EVER SINCE THAT DATE, THE WORDING IN PARAGRAPHS 1 TO 3 BELOW DOESN'T APPLY TO YOU.

1. By applying to open a share account on or after 24 January 2000, I agree with the Society and the Charities Aid Foundation ("the CAF") that I'll assign to the CAF (or to any charities nominated by it or by the Society under the provisions of a deed dated 21 January 2000 between the Society and the CAF, in which case references to the CAF shall include references to any other charities, but to no other person) the rights to any relevant conversion benefits (defined below). This obligation won't apply to me if I fall within any class of persons which, as at today's date, the Society wishes to be excluded from such obligation. This agreement is irrevocable and authorises the Society to transfer to the CAF any such benefits without further notice to me.

I understand that neither the Society nor the CAF will release me from this agreement or vary its terms and (except as set out in paragraph 2 below) I'll continue to be bound by the above condition even if the Society decides at some time in the future (and announces any such decision by press release) that it's no longer in the best interests of the Society to continue with the above assignment condition generally in respect of new members.

- 2a). "Relevant conversion benefits" means any benefits to which I might become entitled as a shareholding member of the Society under the terms of any further transfer of the Society's business to a company (i.e. on a conversion or takeover) which is completed at any time within the five years immediately following the date on which my share account is opened. "Relevant conversion benefits" doesn't include the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company on a conversion or takeover.

2b). If the Society merges with any other society after the date of such merger, the “Society” includes such other society.

3. I authorise the Society to pass to the CAF such information relating to me and my accounts with the Society as the CAF may reasonably require in order to administer this agreement to assign and the relevant conversion benefits and for no other purpose.
I consent to both the Society and the CAF holding and processing such information for such purposes.

A list of the classes of persons which the Society currently wishes to be excluded from the obligation to assign (which list may change from time to time but not with retrospective effect) is available on request from the Society’s Secretary at its principal office.

Data Protection Legislation

The Data Controller is Leek United Building Society trading as Leek Building Society, whose principal office is 50 St. Edward Street, Leek, Staffordshire, ST13 5DL.

The information you’re supplying will be held by the Society and used for market research purposes, developing goods and services, statistical and business analysis, customer servicing, fraud prevention, and administration. Your information may be passed to other companies within the Leek United group for the purposes stated above.

This information may be held during the life of the account and for administration reasons after the account has closed.

Under data protection legislation you’re entitled to receive a copy of personal information held about you, have inaccurate data corrected, restrict the purposes for which your personal data is used and in certain circumstances the right to your data being erased. Further information regarding how we manage your data can be found within our Privacy Notice which can be found at leekbs.co.uk/privacy/, or alternatively can be requested from any of our branches or by writing to the address above.

If you’d like to obtain information held about you, please write to the address above.

Supporting our Members	
We recognise there are many reasons you might need to reach out for assistance. We consider each customer’s individual circumstances and where a need is identified, strive to provide appropriate support.	
If you’d like to notify us of any additional support you require, please tick the box and we’ll be in touch. We can then make sure your needs are met in the most appropriate way.	<input type="checkbox"/>

Tell us your preferred communication method								
Please tick one of the boxes below to tell us how you’d prefer to be contacted.								
We’ll use this method as often as we’re able, however there may be some occasions where we’re restricted on the choice of communication method. If you choose email, you can rest assured that anything we send will be encrypted to protect your personal data.								
Applicant 1:	Email	<input type="checkbox"/>	Post	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	SMS/Text Message	<input type="checkbox"/>
Applicant 2:	Email	<input type="checkbox"/>	Post	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	SMS/Text Message	<input type="checkbox"/>

Would you like to be kept up to date with our latest products and services?

We'd love to keep you informed about the products and services that are available to you as a member of Leek Building Society.

We'll never share your data with third parties to try to sell you something. You can decide if you want to receive these messages and how.

In order to receive these, please tick 'Yes' below along with one or more of the preferred methods of contact.

Applicant 1:

Yes: No: Email Post Telephone SMS/Text Message

Applicant 2:

Yes: No: Email Post Telephone SMS/Text Message

You're in control of your preferences and can change your mind at any time. You can change your preferences by writing to our Head Office, emailing us, visiting a branch, or updating the preferences yourself through 'Leek Online'. See our privacy policy, leekbs.co.uk/privacy/, for more information about how we use your information.

Declaration

- (a) I confirm that I've read the product literature relating to the account I'm opening. I've received and read the Statement of Practice Investors leaflet and agree to be bound by the terms and conditions contained therein, as well as the Rules of the Society (copies of which are available on request) and any subsequent Terms and Conditions specific to the product I've chosen and Rules applicable at that time.
- (b) I confirm that I'm aware that the type of account I'm opening is a share account and I understand that only the first named account holder will initially be recorded in the Society's Records as the Representative Joint Shareholder for the account. Subject to the Rules of the Society, only the Representative Joint Shareholder will have voting rights.
- (c) I declare that any share(s) acquired by me under this account won't be held by me as a bare trustee for a body corporate, or for persons who include a body corporate.
- (d) I agree to be bound by the conditions relating to the Agreement to Assign as described above.
- (e) I confirm this information is correct and I understand that I may request in writing, a copy of personal information held about me by the Society.
- (f) I understand the information provided by me in this savings application will be shared with fraud prevention agencies to prevent or detect fraud and to verify my identity. If I provide false or inaccurate information and/or fraud is identified, my application for a savings account will not proceed, or may be subsequently closed, and details will be passed to fraud prevention agencies to prevent fraud and money laundering. This may result in others refusing to provide services, financing or employment. I can obtain further details explaining how information held by fraud agencies may be used, as well as my data protection rights by visiting the Society's website, www.leekbs.co.uk/privacy or by contacting the Society.

I agree to the terms and conditions of the account, the Agreement to Assign as described above and the Rules of the Society, a copy of which is available on request.

I confirm I've received the Financial Services Compensation Scheme Information and Exclusions Sheet.

Applicant 1 Signature: Date:

Applicant 2 Signature: Date:

OFFICE USE ONLY

Branch/Department:	<input type="text"/>	
Applicant 1:		
EID Reference:	<input type="text"/>	
Confirmation of ID:	ID Type	Reference Number
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Applicant 2:		
EID Reference:	<input type="text"/>	
Confirmation of ID:	ID Type	Reference Number
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Assistant Signature:	<input type="text"/>	Date Completed: <input type="text"/>

Application Form Verification			
Applicant 1 Details:	NINO/DOB: <input type="checkbox"/>	Signature: <input type="checkbox"/>	ID: <input type="checkbox"/> Marketing Flag: <input type="checkbox"/>
Applicant 2 Details:	NINO/DOB: <input type="checkbox"/>	Signature: <input type="checkbox"/>	ID: <input type="checkbox"/> Marketing Flag: <input type="checkbox"/>
Checks:	A/C Type: <input type="checkbox"/>	Hold Codes: <input type="checkbox"/>	Initial Deposit: <input type="checkbox"/>
Assistant Signature:	<input type="text"/>	Date Completed:	<input type="text"/>