

Application Form for Cash ISA



This declaration records the terms of the application made by the applicant named below

New account number: (Office use only)

Section 1: Your personal details

Please ensure this section is completed in full in BLOCK CAPITALS. Boxes marked with an asterisk (*) must be completed.

If this section is not complete, we'll be unable to process your application.

| | | | | | | | | | | | | | | | | | | |
|----------------------|---|--|----------------------|----------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| *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"/> | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | |
| *Postcode: | <input type="text"/> | If you're an existing member, please give your account number: | | | | | | | | | | | | | | | | |
| *Date of Birth: | <table><tr><td>DD</td><td>MM</td><td>YYYY</td></tr></table> | DD | MM | YYYY | | <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DD | MM | YYYY | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | |

Section 2: Other details

Please ensure all details in this section are completed.

I want to make an initial deposit of: £

I apply to subscribe to a:

a) Easy Access Cash ISA ☐ for the tax year and each subsequent year until further notice

or

b) Fixed Rate, Fixed Term Cash ISA for (please tick relevant box below):

1 Year ☐ 2 Years ☐ 5 years ☐ For the tax year:

Method of Interest Payment

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

1. Add to this account (tick box if required):

☐

2. Transfer to another Leek Building Society

Account Number:

3. Transfer to another bank/building society

Name of Bank/Building Society:

Sort Code:

Account Number:

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 3 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, 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.

☐

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.

Email:

☐

Post:

☐

Telephone:

☐

SMS/Text
Message:

☐

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.

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 declare that:

- All subscriptions made, and to be made, belong to me; and
- I'm 18 years of age or over; and
- I haven't subscribed and won't subscribe more than the overall subscription limit in total across 1 or more cash ISAs, a stocks and shares ISA, an innovative finance ISA and a Lifetime ISA in the same tax year: and
- I haven't subscribed and won't subscribe more than the cash ISA subscription limit; and
- I'm a resident and ordinarily a resident in the UK for tax purposes or, if not so resident, either perform duties which, by virtue of section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the UK, or I'm married to or in a civil partnership with, a person who performs such duties. I'll inform Leek Building Society if I cease to be a resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

(b) I authorise Leek Building Society

- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash:
- to make on my behalf any claims to relief from tax in respect of ISA investments.

(c) I confirm that I've read the product literature relating to the account and the Statement of Practice for Investors leaflet. I agree to be bound by the Terms and Conditions contained within these documents and any subsequent Terms and Conditions specific to the product chosen. I've read the Rules of the Society and agree to be bound by the rules contained within this document and any subsequent rules applicable at the time.

(d) I confirm I'm aware that the type of account is a share account.

(e) I agree to be bound by the conditions relating to the Agreement to Assign as described above.

(f) 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.

I declare that this application form has been completed to the best of my knowledge and belief.

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

Signature:

Date:

OFFICE USE ONLY

| | | |
|----------------------|----------------------|--------------------------------------|
| Branch/Department: | <input type="text"/> | |
| 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 Details: | NINO/DOB: | <input type="text"/> | Signature: | <input type="text"/> |
| | | | ID: | <input type="text"/> |
| | | | Deposit: | <input type="text"/> |
| Checks: | A/C Type: | <input type="text"/> | Hold Codes: | <input type="text"/> |
| | | | Marketing Flag: | <input type="text"/> |
| Assistant Signature: | <input type="text"/> | | Date Completed: | <input type="text"/> |