

# Application Form for a Savings Account



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

## 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"/>		
	<input type="text"/>	*Nationality:	<input type="text"/>
	<input type="text"/>	*Country of residence:	<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:	<input type="text" value="DD"/>		
	<input type="text" value="MM"/>		
	<input type="text" value="YYYY"/>		

If No, please complete a separate citizenship and tax residency self-certification form

## 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"/>		
	<input type="text"/>	*Nationality:	<input type="text"/>
	<input type="text"/>	*Country of residence:	<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:	<input type="text" value="DD"/>		
	<input type="text" value="MM"/>		
	<input type="text" value="YYYY"/>		

If No, please complete a separate citizenship and tax residency self-certification form

## Withdrawal Instructions – for joint accounts

Any one signature:

Both/All signatures:

## 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: ☐

Please tell us where you'd like the interest earned on savings 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:

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3. Transfer to my nominated account:

☐

Complete the Nominated account section

## Your Nominated Account

Please complete this section if you would like to make payments to a bank or another building society from your account at any time in the future. This account must be in your name, either solely or jointly with others.

Name of Bank/Building Society:

Account name – the name(s) of the account holders:

Sort Code:

		-			-		
--	--	---	--	--	---	--	--

Account No:

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Roll/reference number (if required):

If you change your nominated bank account let us know so that payments aren't delayed.

## Identification Requirements

Please see the separate leaflet "How to confirm who you are and where you live" 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.

## 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.

Applicant 1:

Email

☐

Post

☐

Phone

☐

SMS/Text Message

☐

Applicant 2:

Email

☐

Post

☐

Phone

☐

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.

Applicant 1    Yes: ☐    No: ☐    Email ☐    Post ☐    Phone ☐    SMS/Text Message ☐

Applicant 2    Yes: ☐    No: ☐    Email ☐    Post ☐    Phone ☐    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, [www.leekbs.co.uk/privacy](http://www.leekbs.co.uk/privacy) for more information about how we use your information.

## The Charitable Assignment Scheme

We're committed to remaining a mutual building society. However, to protect our members and the Society's future, all new members joining after January 24<sup>th</sup>, 2000, agree to a charitable assignment scheme for the first five years of their membership.

### What does this mean for you?

If the Society were to de-mutualise within five years of you joining, any financial benefit you might have received would be directed to the Charities Aid Foundation instead.

### About the Charities Aid Foundation

Established in 1974, the Charities Aid Foundation is a respected organisation dedicated to improving charitable giving. They help donors, companies, and charities maximise the impact of their donations. You can learn more about them and the scheme itself on our website:

[www.leekbs.co.uk/savings/useful-information](http://www.leekbs.co.uk/savings/useful-information)

## 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 [www.leekbs.co.uk/privacy](http://www.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.

## Declaration

- (a) I confirm that I've received and read the product literature relating to the account I'm opening. I've received and read the General Savings Terms & Conditions 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 understand the first named applicant will have all the voting rights where the account is opened in joint names.
- (c) I declare that the sum of money being invested belongs to me as a sole beneficial owner or us as joint beneficial owners.
- (d) I agree to be bound by the conditions relating to the Charitable Assignment Scheme 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](http://www.leekbs.co.uk/privacy) or by contacting the Society.

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"/>		
<b>Applicant 1:</b>			
EID Reference:	<input type="text"/>		
Confirmation of ID:	<b>ID Type</b>	<b>Reference Number</b>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
<b>Applicant 2:</b>			
EID Reference:	<input type="text"/>		
Confirmation of ID:	<b>ID Type</b>	<b>Reference Number</b>	
	<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"/>

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