

This application form is for Companies, Clubs & Associations and should be read in conjunction with our leaflet entitled *Deposit Accounts and the FSCS Eligibility Questionnaire*.

Deposit Account Application Form	Account No. (if known):
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Account Type <i>(delete as applicable)</i> :	(see leaflet <i>Summary Box – Key Product Information for Our Savings Accounts</i> for terms)
Amount of Deposit:	£


Organisation's details	Full name of Organisation:	
	Registered Address:	
	Address for Correspondence:	

Declaration	<p>I/We, the person(s) whose signature(s) appear(s) on this form (each for his or her own part) declare that <i>(delete where inapplicable)</i>:</p> <p>This investment is the property of the applicant and that it is not made as nominee for any other company, Society, Fund or Individual;</p> <p>I/We also declare that we are officers of the Company authorised to make and deal with the investment in accordance with the resolution passed at a meeting held on <i>[insert date:]</i></p> <p>..... and recorded in the minute book;</p> <p>to the best of my/our knowledge and belief, no company, Society, or other body of persons (whether incorporated or not) is beneficially interested in the income from the funds being invested;</p> <p>I/We shall be subject to the Society's <i>Rules</i> and agree to be bound by its <i>Savings Terms & Conditions</i>; I/we have received copies of each document;</p> <p>I/We have read and understood the Data Protection section (below) and, by signing this form, consent to the uses and disclosures of information listed.</p>
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Full Name & Title of Signatory	Position Held	Specimen Signature
1.		
2.		
3.		
4.		

Operation of the Account (tick one)	Any two signatures required: <input type="checkbox"/>	All signatures required: <input type="checkbox"/>
Gross Interest Declaration:	We are eligible, under HM Revenue & Customs regulations, to receive gross interest (tick if applicable): <input type="checkbox"/> We understand that it is our responsibility to check eligibility to receive gross interest.	
Added to the Account:	<input type="checkbox"/>	Or transferred to Society Account Number: <input style="width: 100px;" type="text"/>

Data Protection

 Information which you provide to the Holmesdale Building Society or that which is obtained by us through our dealings with you may be held on our computers and in other ways and used by us to administer your account, for statistical analysis, for debt collection and fraud prevention, Money Laundering prevention, complying with regulatory bodies and to bring to your attention (by mail, telephone, email or otherwise) products or services of the Holmesdale Building Society or other selected suppliers which may be of interest to you. I/We agree that the information provided may be used by **the Holmesdale Building Society**, or its contractors, to inform me of new products and services that the Society may offer. *(The Society will not pass your information for the use of third party marketing agencies or such companies.)* Tick this box if you **do not** wish to receive Holmesdale Building Society specific marketing material.

I/We also authorise the Society to verify the identity of each signatory using one or more Credit Reference Agency (CRA). Please ask if you would like details of the CRAs we are currently using, *(N.B. this is not a credit search and therefore will not show as such on your credit record)*. Further identification documents may be required before we can release your passbook.

1 st Signatory	Existing Account Holder?		If 'Yes' account number(s)	
	Mother's Maiden Name/Security ID			
	Daytime Phone No.		Home Phone No.	
	Mobile Phone No.		Fax Phone No.	
	Email Address(es)			
	Date of Birth		Nationality	
	National Insurance Number (find your NI number on a payslip, P45, P60, pension book, a letter from HM Revenue & Customs, or DWP)			
	Permanent Address			Post Code

2 nd Signatory	Existing Account Holder?		If 'Yes' account number(s)	
	Mother's Maiden Name/Security ID			
	Daytime Phone No.		Home Phone No.	
	Mobile Phone No.		Fax Phone No.	
	Email Address(es)			
	Date of Birth		Nationality	
	National Insurance Number (find your NI number on a payslip, P45, P60, pension book, a letter from HM Revenue & Customs, or DWP)			
	Permanent Address			Post Code

3 rd Signatory	Existing Account Holder?		If 'Yes' account number(s)	
	Mother's Maiden Name/Security ID			
	Daytime Phone No.		Home Phone No.	
	Mobile Phone No.		Fax Phone No.	
	Email Address(es)			
	Date of Birth		Nationality	
	National Insurance Number (find your NI number on a payslip, P45, P60, pension book, a letter from HM Revenue & Customs, or DWP)			
	Permanent Address			Post Code

4 th Signatory	Existing Account Holder?		If 'Yes' account number(s)	
	Mother's Maiden Name/Security ID			
	Daytime Phone No.		Home Phone No.	
	Mobile Phone No.		Fax Phone No.	
	Email Address(es)			
	Date of Birth		Nationality	
	National Insurance Number (find your NI number on a payslip, P45, P60, pension book, a letter from HM Revenue & Customs, or DWP)			
	Permanent Address			Post Code

We confirm that, in accordance with the *Deposit Accounts* leaflet, appropriate identification and proof of residency documents have been supplied.

New Account Customer Questionnaire	As a regulated financial services organisation, we have a duty of care to comply with current Money Laundering Regulations. We are required to establish the intended use of any new account opened and would ask you to provide the following information:			
	Reason for opening this account			
	Purpose:			
	Lump Sum or frequency of deposits (e.g. weekly, monthly, occasionally):		Approximate Amount:	£
	Investment on Opening			
	Type of funds (<i>tick as applicable</i>):	Cash	Cheque(s)	Combined
Origin of funds (i.e. where funds have come from):				

FOR SOCIETY USE ONLY				
Account No.		Date A/c Opened		
Customer No. Signatory 1		Customer No. Signatory 2		Mail Flag Y/N
Signatory 1	Document	Proof of ID		Proof of Address
	Equifax EVS (over 18s)			
	Document Type			
	Ref No			
	Issue Date			
	Expiry Date			
Signatory 2	Document	Proof of ID		Proof of Address
	Equifax EVS			
	Document Type			
	Ref No			
	Issue Date			
	Expiry Date			
Prepared, input & scanned by		Date		
Reviewed/Authorised by		Date		

**To: The Directors
Holmesdale Building Society**

Title of Organisation:

Account Number:

1) Is the organisation's status incorporated

An unincorporated association:

- is not a legal entity,
- is an organisation of persons or bodies (more than one) with an identifiable membership (possibly changing),
- has a membership who are bound together for a common purpose by an identifiable constitution or rules (which may be written or oral),
- is an organisation where the form of association is not one which is recognised in law as being something else (for example, an incorporated body or a partnership),
- must have an existence distinct from those persons who would be regarded as its members,
- the tie between the persons need not be a legally enforceable contract.

2) Does the organisation have an annual turnover of less than £1 million and net assets less than £1.4 million?

3) Is there any company, society or other body of persons beneficially interested in the income from the funds invested in this account?

If your organisation is unincorporated and you have answered 'Yes' to question two, you have confirmed the organisation's eligibility and are covered by the Financial Services Compensation Scheme.

If you have answered 'No' to question 2, please continue to answer the questions below. This is part of the Companies Act 2006 'small company' test.

How many employees' does the organisation have?

What is the organisation's annual turnover?

£

What is the organisation's balance sheet total?

£

The answers provided will determine your organisation's eligibility under the Financial Services Compensation Scheme. If you wish to confirm eligibility please contact the Savings Supervisor on 01737 232320.

**Declaration:
(To be made by one of the signatories on the account)**

I confirm that this information is correct on the day of completion.

Signed _____

Full Name (please print) _____

Office Held _____

Date _____

For Society Use Only

Single Customer View Memo Code: (Circle appropriate code)	Letter Code: (Circle appropriate code)
FSTP, BENE, ISTP	SCVL1, SCVL2, SCVL3

Cashier's initials and date:	
Reviewed by and date:	