

This application form is for Charities and should be read in conjunction with our leaflet entitled *Charity Accounts*.

Charity Account Application Form	Account No. (if known):
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Account Type (<i>delete as applicable</i>):	Amount of Deposit: £
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Charity's details	Full name of Charity:					
	Registered Charity Number					
	Registered Address:					
	Address for Correspondence:					
	Annual Turnover:	£	Balance Sheet (Net Assets):	£	Number of Employees:	
	If incorporated, Company Registration Number:		Date incorporated:			

Application for Gross Interest	We are eligible under HMRC regulations to receive gross interest and understand that it is our responsibility to check eligibility. Tick, if applicable <input type="checkbox"/>
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Full Name & Title of Signatory	Position Held	Specimen Signature (see declaration below)
1.		
2.		
3.		
4.		

Operation of the Account (tick one):	Any two signatures: <input type="checkbox"/> All signatures required: <input type="checkbox"/>
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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 <input type="checkbox"/>	Cheque(s) <input type="checkbox"/>	Combined <input type="checkbox"/>	Transfer <input type="checkbox"/>	
Origin of funds (i.e. where funds have come from):					

Interest Options	Added to the Account (max investment £250,000)?	<input type="checkbox"/>	Transferred to Holmesdale A/c No.:	
	Transferred to nominated bank account:	Name of Bank:	Bank A/c No.:	
		Account Name:	Sort Code:	

Declaration: We agree to be bound by the Savings Terms & Conditions, of which we have received a copy, and the Rules of the Society for the time being in force (copies of which are available on request) and confirm that the investment is made upon the terms and subject to the conditions applicable to the class of share selected.

We have read the section entitled Data Protection [below]. By signing this form we consent to the uses and disclosures of information listed.

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.

We agree that the information provided may be used by the Holmesdale Building Society, or its contractors, to inform us 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.

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.

Please turn over

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 *Charity Accounts* leaflet, appropriate identification and proof of residency documents have been supplied.

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			
	Expiry Date			
Signatory 2	Document	Proof of ID		Proof of Address
	Equifax EVS			
	Document Type			
	Ref No			
	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
- 2) Does the organisation have an annual turnover of less than £1 million and net assets less than £1.4 million?

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, ISTEP	SCVL1, SCVL2, SCVL3

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