

Before signing this form you should check that all of your personal information is recorded accurately, and read the AGREEMENT TO ASSIGN WINDFALLS TO CHARITY and the DECLARATIONS. For important information about your new account with the Society refer to the General Terms & Conditions, the relevant savings account leaflet, Information for Members leaflet and the Rules of the Society. If you have any questions, please contact our Savings Department on 01384 231414 or your local branch.

## SECTION 1 - Account Holder(s)

Account Holder 1		Account Holder 2	
Title:	<input style="width: 90%;" type="text"/>	Title:	<input style="width: 90%;" type="text"/>
First Name & Initials:	<input style="width: 90%;" type="text"/>	First Name & Initials:	<input style="width: 90%;" type="text"/>
Surname:	<input style="width: 90%;" type="text"/>	Surname:	<input style="width: 90%;" type="text"/>
Address:	Street <input style="width: 90%;" type="text"/>	Address:	Street <input style="width: 90%;" type="text"/>
	District <input style="width: 90%;" type="text"/>		District <input style="width: 90%;" type="text"/>
	Town <input style="width: 90%;" type="text"/>		Town <input style="width: 90%;" type="text"/>
	County <input style="width: 90%;" type="text"/>		County <input style="width: 90%;" type="text"/>
	Postcode <input style="width: 90%;" type="text"/>		Postcode <input style="width: 90%;" type="text"/>
Date of Birth:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Date of Birth:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
National Ins No:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	National Ins No:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Daytime Tel No:	<input style="width: 90%;" type="text"/>	Daytime Tel No:	<input style="width: 90%;" type="text"/>
Evening Tel No:	<input style="width: 90%;" type="text"/>	Evening Tel No:	<input style="width: 90%;" type="text"/>
Mobile Tel No:	<input style="width: 90%;" type="text"/>	Mobile Tel No:	<input style="width: 90%;" type="text"/>
Email Address:	<input style="width: 90%;" type="text"/>	Email Address:	<input style="width: 90%;" type="text"/>

## SECTION 2 - Account Information

Type of Account:	<input style="width: 90%;" type="text"/>	Number of signatures required for withdrawals:	<input style="width: 90%;" type="text"/>
Cheque:	<input style="width: 90%;" type="text"/>	Cheques should be made payable to DUDLEY BUILDING SOCIETY RE: the Account Holder(s) OR in the name of the Account Holder(s).	
Cash:	<input style="width: 90%;" type="text"/>		
I/We authorise the following internal transfer(s):	<input style="width: 90%;" type="text"/>	From Account Number(s):	<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
Total Opening Investment:	<input style="width: 90%;" type="text"/>		

## SECTION 3 - Interest Instructions

Payment frequency:  Annual  Monthly

Add interest to account

Transfer the interest to my Dudley Building Society Account numbered:

Transfer the interest to another Bank/Building Society: Bank Name:

Account Name:  Reference:

Sort Code:    Account No:

**Taxation of interest:** In order to claim interest gross (i.e. without the Society deducting income tax at the basic rate which it is normally obliged to do) a complete, valid Inland Revenue form R85 must be received and registered by every investor. (Please tick the appropriate boxes if applicable.) If the Account Holder is under 16 years of age, Inland Revenue regulations state that a Form R85 must be completed by a parent or legal guardian on behalf of the young person to claim interest gross.

<p><b>Account Holder 1</b></p> <p><input type="checkbox"/> I attach a completed R85/gross registration form</p>	<p><b>Account Holder 2</b></p> <p><input type="checkbox"/> I attach a completed R85/gross registration form</p>
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# AGREEMENT TO ASSIGN WINDFALLS TO CHARITY

IF YOU HAD A SHARE ACCOUNT WITH THE SOCIETY ON 31ST MAY 2001 AND HAVE KEPT A SHARE ACCOUNT EVER SINCE THAT DATE, OR IF YOU HAVE A MORTGAGE WITH THE SOCIETY AT TODAY'S DATE, THE WORDING IN PARAGRAPHS 1 AND 2 BELOW DOES NOT APPLY TO YOU, HOWEVER IT MUST NOT BE DELETED.

- 1 By applying to open a share account on or after 1 June 2001 I/We agree with the Society and the Charities Aid Foundation ("the CAF") that I/we will assign to the CAF (or to any charity(ies) nominated by it or by the Society under the provisions of a deed dated 31 May 2001 between the Society and the CAF, in which case references to the CAF shall include references to any other charity(ies) but to no other person) the rights to any relevant conversion benefits (defined below). This obligation will not apply to me/us if I/we 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/us. I/We understand that neither the Society nor the CAF will release me/us from this agreement or vary its terms and I/we will 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 or otherwise) that it is 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/we might become entitled as a shareholding member of the Society under the terms of any future transfer of the Society's business to a company (i.e. on a conversion or takeover) which is completed at any time within the seven years immediately following the date on which my/our share account is opened (or, if applicable, the shorter period as set out in the list available from the Society's Secretary). "Relevant conversion benefits" does not 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. A list of the classes of persons which the Society currently wishes to be excluded from the obligation to assign or in respect of which shorter period applies (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.

## DECLARATIONS

- 1 I confirm that I have read the marketing literature relating to the account I am opening and that I have received the Savings Accounts Terms and Conditions and agree to be bound by them and the Rules of the Society (copies of which are available on request) and any subsequent Terms and Conditions and Rules for the time being in force.
- 2 I confirm that I am aware that the type of account I am opening is a share account and I understand that 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. I understand that the Account Holder must attain the age of 18 years before obtaining voting rights.
- 3 I understand that the Account Holder is the sole beneficiary of this account. Any person operating the account does so as agent for the Account Holder. Young persons aged over 11 may operate the account (if applicable) without the consent of the operator.
- 4 The Society may require verification of the Account Holder or Account Operator's identity at any time before allowing any withdrawals from the account.
- 5 I declare that any share(s) acquired by me under this account will not be held by me as a bare trustee (or, in Scotland as a simple trustee) for a body corporate, or for persons who include a body corporate.
- 6 I agree that this account (including all the provisions in this form) and all dealings on it will be subject to English law. If any provision is for any reason unenforceable, this will not affect the enforceability of any other provision.
- 7 I consent to the information contained in this form being used for the processing of my application and ongoing account maintenance. We may make searches about you at Credit Reference Agencies who will supply us with information, including information from the Electoral Register, for the purposes of verifying your identification. In considering your application we will search your record at Credit Reference Agencies. They will add to your record details of our search and your application and this will be seen by other organisations that make searches. This information may also be used for the prevention of money laundering as well as the management of your account. We may also ask you to provide physical forms of identification.
- 8 I confirm that information on undisputed personal debts which are in default and where no satisfactory proposals for repayment have been received by the Society following formal demand, may be passed to a Credit Reference Agency.
- 9 I consent to the Society using the information contained in this form and analysing the operation of my account for marketing purposes to allow it to provide details of products or services it may believe to be of interest to me. I understand that I can request not to receive any details about the Society's products and services by writing to Dudley House, Stone Street, Dudley DY1 1NP, or by ticking this box.
- 10 I consent to the information provided being shared by the Society with other companies within the Dudley Building Society Group, a list of which is available from the address below, for marketing purposes. I understand that I can request that the Society does not share my personal details with these companies by writing to Dudley House, Dudley DY1 1NP, or by ticking this box.
- 11 I consent to the Society contacting me by telephone, e-mail or other electronic media, for marketing purposes to provide details about its products. I understand that I can request not to be contacted by these means by writing to Dudley House, Stone Street, Dudley DY1 1NP, or by ticking this box.
- 12 **Data Protection**

Information which you provide to the Society or 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 tracing/collection and fraud prevention and to bring to your attention (by mail, telephone, e-mail or otherwise) products or services of the Society or other selected suppliers which may be of interest to you. With respect to your agreement to assign to the Charities Aid Foundations or its successor(s) ("the CAF"), your rights to any relevant conversion benefits, we will pass on to the CAF such limited information relating to you and your account as may be necessary to fulfill your agreement to assign. Such information shall only be passed on to CAF in the event that the Society is to transfer its business to a company (i.e. on a conversion or takeover).

We may monitor and/or record your telephone conversations with the Society to ensure consistent service levels and for staff training.

You have a right, upon payment of a fee, to receive a copy of the information we hold about you, if you apply to us in writing.

### Consent

I have read the above section entitled Data Protection. By signing this form I consent to the uses and disclosures of information listed.

If you do not wish your information to be used for marketing products or services of other selected suppliers, please tick this box.

The following information was supplied:

- Terms and Conditions     Product Leaflet     Annual Review     Interest Rate Guide

**Usual Signature(s)** - The signatures of all individuals named as Account Holders are required. If the account has any Account Operators, an additional document will be supplied that will form part of this Savings Application.

Signature of Account Holder 1:

Signature of Account Holder 2:

Date:





Date:





## FOR OFFICE USE ONLY

Title:  Mem Class  Ac Code

Customer No (1)  Exist Cust  ID Rec

ID  Exist Cust  ID Rec

Exist Cust  ID Rec

Exist Cust  ID Rec

Exist Cust  ID Rec

Input By	Date:	Checked:	Amended:	Account Number:
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