

JISA Application Form

Before signing this form, you should check that all of the information is recorded accurately and read the Declarations. For important information about an account with the Society, please refer to the Savings Terms and Conditions, Privacy Notice, the relevant savings account leaflet and the Rules of the Society. If you have any questions, please ask the Customer Services Advisor dealing with your application or contact the Customer Services Team on 01384 231414. **FOR USE BY PRIVATE INDIVIDUALS RESIDENT IN THE UK UNDER THE AGE OF 18.**

Section 1 Personal Details – Account Holder

I apply to subscribe to a Dudley Building Society Cash JISA for tax year 2021/2022 and each subsequent year until further notice. The child named below will be the beneficial owner of the account investment.

Title:		Current Address:	Building Number/Name	
First Name(s):			Street	
Surname:			District	
Date of Birth:	D D M M Y Y Y Y		Town	
National Insurance No (if over the age of 16):			County	
Employment Status:			Postcode	Date moved in
Occupation:		Previous Address:	Building Number/Name	
Nationality:		(full address history	Street	
Country of Birth:		for the last	District	
Email Address:		3 years must	Town	
Home Tel No:		be provided)	County	
Mobile Tel No:			Postcode	Date moved in

Section 2 Personal Details – Registered Contact

This section needs to be completed if the account holder is under 16. The registered contact of the account must be the parent or guardian.

Title:		Current Address:	Building Number/Name	
First Name(s):			Street	
Surname:			District	
Date of Birth:	D D M M Y Y Y Y		Town	
Marital Status:			County	
National Insurance No:			Postcode	Date moved in
Occupation:		Previous Address:	Building Number/Name	
Employment Status:		(full address history	Street	
Nationality:		for	District	
Country of Birth:		the last 3 years must	Town	
Email Address:		be provided)	County	
Home Tel No:			Postcode	Date moved in
Mobile Tel No:		Where did you find		
Work Tel No (Optional):		out about us?		

Section 3 Tax Residency

Account Holder:

Are you a US citizen? Yes No

Are you a resident for tax purposes in any country or territory other than the United Kingdom? Yes No

If you have ticked 'Yes' to either of the last two questions, please complete the information in the boxes below – without these you will not be able to open an account.

Country	Tax Identification Number (if you do not enter a TIN, we will write to you asking for this information before we can accept your application)
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>

Registered Contact:

Are you a US citizen? Yes No

Are you a resident for tax purposes in any country or territory other than the United Kingdom? Yes No

If you have ticked 'Yes' to either of the last two questions, please complete the information in the boxes below – without these you will not be able to open an account.

Country	Tax Identification Number (if you do not enter a TIN, we will write to you asking for this information before we can accept your application)
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>

Section 4 Savings Details

Source of opening deposit	Select all that apply
Salary	<input type="checkbox"/>
Transfer from DBS Account	<input type="checkbox"/>
Current savings/investment income held elsewhere	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>
Family gift/loan	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

How will you continue to fund the account?	Select all that apply
Salary	<input type="checkbox"/>
Transfer from DBS Account	<input type="checkbox"/>
Current savings/income investment held elsewhere	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>
Family gift/loan	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

What is your savings goal?	Select all that apply
House	<input type="checkbox"/>
Retirement	<input type="checkbox"/>
Holiday	<input type="checkbox"/>
Car	<input type="checkbox"/>
Wedding	<input type="checkbox"/>
Emergency	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

How often will you use your account?	Select one
Weekly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Annually	<input type="checkbox"/>
Rarely	<input type="checkbox"/>
No further deposits	<input type="checkbox"/>

Section 5 Interest and Withdrawal Instructions

Payment of Interest:

Add interest annually to account (please check the Terms and Conditions of product to confirm this is

Transfer interest annually to my Dudley Building Society account no:

Section 6 Data Protection

The Society takes its responsibilities for data management very seriously and we have thoroughly detailed our approach to how we collect and use information on the 'Privacy' page on our website. This explains how we collect and manage personal information and what we do with it. Please visit dudleybuildingsociety.co.uk/privacy for more information. Alternatively, you can request copies of our privacy statements over the telephone on 01384 231414 or in any of our branches.

By signing this application form, you are confirming that you have acknowledged the Society's Privacy Notices and the guidance that is contained within them.

We would love to keep you informed about the products and services that are available to you as a member of Dudley Building Society. In order to receive communications, please confirm your preferences by selecting the following:

Registered Contact / Account Holder (only if over the age of 16): Email Post Phone

Section 7 Declaration

1. I/We confirm that I/We have read the product specific terms and conditions relating to the account I am/we are opening and that I/we have received the Savings Terms and Conditions and agree to be bound by them and the Rules of the Society (copies of which are available on request).
2. I/ We declare that all statements made in this application are, to the best of my knowledge and belief, correct and complete.
3. I/We confirm that I am/we are aware that the type of account I am/we are opening is a share account. This means you may be eligible to vote at our Annual General Meeting in accordance with the Society's Rules.
4. I/We acknowledge receipt of the Financial Services Compensation Scheme Information Sheet which I/we received prior to opening this account.
5. I/We confirm the applicant is over 16 and is the child, or has parental responsibility for the child, who will hold the JISA
6. I/We confirm the application is to open a cash JISA or a stocks and shares JISA - whichever is appropriate
7. I/We confirm the personal details are true
8. I/We confirm the child who will hold the JISA does not hold a Child Trust Fund
9. I/We confirm the child who will hold the JISA is either
 - resident in the UK
 - a UK Crown servant
 - married to or in a civil partnership with a UK Crown servant
 - a dependent of a UK Crown servant
10. I/We confirm the applicant is the person who will be the first registered contact for the Account
11. I/We confirm if the application is for a cash JISA that
 - the applicant has not subscribed to another cash JISA for the child
 - is not aware of any other cash JISA held by the child
 - as far as the applicant is aware, subscriptions made to any other JISA for the child in the year have not exceeded the annual subscription limit
 - the applicant will not knowingly make subscriptions that will result in the annual subscription limit being breached
 - the JISA investments shall be in the beneficial ownership of the child
12. The personal information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance, or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found by writing to us at 7 Harbour Buildings, The Waterfront, Brierley Hill, West Midlands, DY5 1LN.

Signature of Registered Contact

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Account Holder (if aged over 16)

Date:

D	D	M	M	Y	Y	Y	Y
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Section 8 Child's Identification

Original or certified identification must be included for the child. Please see our Identification Requirements for Private Individuals for more information. Below please confirm the two forms of identification enclosed:

Verification of Name:

Verification of address:

Section 9 Office Use Only

Staff Number:

Existing Member: Yes / No

Date:

Identification Taken: Yes/no

Checked by:

Sanction Check Completed: Yes / No