

Corporate Account Application Form

For use only by corporate bodies e.g. Registered Private Limited Companies or Local Authorities. 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 & 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.



Section 1 Account Holder (Corporate Body Details)

Full Name of Organisation:	<input type="text"/>	Industry:	<input type="text"/>														
Nature of Business:	<input type="text"/>																
Registered Office Address:	<table border="1"> <tr><td>Building Number/Name</td></tr> <tr><td>Street</td></tr> <tr><td>District</td></tr> <tr><td>Town</td></tr> <tr><td>County</td></tr> <tr><td>Postcode</td></tr> <tr><td>Date Effective From</td></tr> </table>	Building Number/Name	Street	District	Town	County	Postcode	Date Effective From	Principal Business Address:	<table border="1"> <tr><td>Building Number/Name</td></tr> <tr><td>Street</td></tr> <tr><td>District</td></tr> <tr><td>Town</td></tr> <tr><td>County</td></tr> <tr><td>Postcode</td></tr> <tr><td>Date Effective From</td></tr> </table>	Building Number/Name	Street	District	Town	County	Postcode	Date Effective From
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Town																	
County																	
Postcode																	
Date Effective From																	
		(If different from Registered Office Address)															
Email Address:	<input type="text"/>	Registered Company No:	<input type="text"/>														
Telephone No:	<input type="text"/>	Is this business subject to UK law only?	Yes/No														

Names of individuals or partners who exercise control over management (e.g. Directors/Senior management), or own or control over 25% of the company and are not named as an operator on the account:

Name	Position held within the business	Percentage of shares held (if applicable)

Section 2 Personal Details

Account Operator 1

Title:

First Name(s):

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Marital Status:

National Ins No:

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Occupation:

Employment Status:

Position/Role within the Organisation:

Nationality:

Country of Birth:

Current Address:

Building Number/Name
Street
District
Town
County
Postcode
Date moved in

Previous Address:
(full address history for the last 3 years must be Provided)

Building Number/Name
Street
District
Town
County
Postcode
Date moved in

Account Operator 2

Title:

First Name(s):

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Marital Status:

National Ins No:

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Occupation:

Employment Status:

Position/Role within the Organisation:

Nationality:

Country of Birth:

Current Address:

Building Number/Name
Street
District
Town
County
Postcode
Date moved in

Previous Address:
(full address history for the last 3 years must be Provided)

Building Number/Name
Street
District
Town
County
Postcode
Date moved in

Email Address:

Home Tel No:

Mobile Tel No:

Work Tel No (Optional):

Email Address:

Home Tel No:

Mobile Tel No:

Work Tel No (Optional):

Account Operator 3

Account Operator 4

Title:

First Name(s):

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Title:

First Name(s):

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Marital Status:

Marital Status:

National Ins No:

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National Ins No:

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Occupation:

Occupation:

Employment Status:

Employment Status:

Position/Role within the Organisation:

Position/Role within the Organisation:

Nationality:

Nationality:

Country of Birth:

Country of Birth:

Current Address:

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Current Address:

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Previous Address: (full address history for the last 3 years must be Provided)

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Previous Address: (full address history for the last 3 years must be Provided)

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Email Address:

Home Tel No:

Mobile Tel No:

Work Tel No (Optional):

Email Address:

Home Tel No:

Mobile Tel No:

Work Tel No (Optional):

Where did you find out about us?:

Section 3 Savings Details

Which product would you like to open?:

What is your savings goal?

Please Specify (e.g. Premises refurbishment, business expansion, profit investment)	
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Source of opening deposit	Select all that apply
Salary	<input type="checkbox"/>
Transfer from DBS Account	<input type="checkbox"/>
Current Savings / Investment held elsewhere	<input type="checkbox"/>

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 / Investment held elsewhere	<input type="checkbox"/>

Business takings	
Subscriptions	
Membership fees	
Other (please specify)	

Business takings	
Subscriptions	
Membership fees	
Other (please specify)	

What is the most likely anticipated turnover of this account in a typical year?	Select all that apply
Less than £20,000	
£20,000 to £50,000	
£50,000 to £100,000	
More than £100,000	

How often will you use your account?	Select one
Weekly	
Monthly	
Annually	
Rarely	
No further deposits	

Section 4 Tax Residency

Account Operator 1:

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 details, 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"/>

Account Operator 3:

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 details, 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"/>

Account Operator 2:

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 provide the information in the boxes below – without these details, 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"/>

Account Operator 4:

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 details, 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 5 Nominated Account Details for Withdrawals

The nominated account details must be in the name of this account, and not in the name of the operator(s).

Bank Name:	<input type="text"/>	Account Name:	<input type="text"/>
Sort Code:	<input type="text"/>	Account Number:	<input type="text"/>
Reference (if applicable):	<input type="text"/>		

If no other bank account(s) held, please tick here:

Section 6 Interest and Withdrawal Instructions

Payment of Interest:

- Transfer interest annually to my Dudley Building Society account no:
- Add interest annually to account (please check the Terms and Conditions of the product to confirm this is acceptable)
- Transfer the interest to my nominated bank account/Building Society with another provider

Number of authorised signatories required to transact/operate account:

Section 7 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:

Account Operator 1: Email Post Phone Account Operator 2: Email Post Phone

Account Operator 3: Email Post Phone Account Operator 4: Email Post Phone

Section 8 Declaration

- I/We confirm that I 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)
- I/we acknowledge receipt of the Financial Services Compensation Scheme Information Sheet which I/we received prior to opening this account.
- I/ We declare that all statements made in this application are, to the best of my knowledge and belief, correct and complete.
- I/We 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.
- The Account Holder is based in the United Kingdom for tax purposes. I will inform Dudley Building Society within 30 days if this changes.
- 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.
- The Account Operators are resident in the United Kingdom and I/ we will advise Dudley Building Society within 30 days of any change in circumstances which affects my tax residency status identified in Section 2 of this form or causes the information contained herein to become incorrect, and to provide Dudley Building Society with a suitably updated self-certification and declaration within 30 days of such change in circumstances.
- I/We agree to advise the Society immediately of any changes to directors/shareholders (for Limited Companies) or to the original nature of the business/activity.
- If the authorised signatories change we will tell you in writing immediately.
- We declare that the deposit is made on behalf of the organisation named and confirm that we have the authority to operate the account.
- We confirm that we are aware that the type of account we are opening is a deposit and we understand that we will NOT become a member of the Society and have NO voting rights.

Signature of Account Operator 1

Date:

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

Signature of Account Operator 2

Date:

Signature of Account Operator 3

Date:

Signature of Account Operator 4

Date:

Section 9 Office Use Only

Staff Number:

Date:

Checked by:

Existing Member: Yes / No

FSCS Eligibility Review

Company Name:



All clubs, companies and associations now qualify for compensation; however a list of exclusions can be found in the enclosed FSCS Information Sheet. After referring to the Information Sheet, please let us know only if your organisation is excluded by indicating next to your nature of business:

Please tick

Credit Institution	<input type="checkbox"/>
Financial Institution	<input type="checkbox"/>
Investment Firm	<input type="checkbox"/>
Insurance undertaking	<input type="checkbox"/>
Reinsurance undertaking	<input type="checkbox"/>
Collective investment undertaking	<input type="checkbox"/>
Pension or retirement fund	<input type="checkbox"/>
Public Authority, other than a small local authority with an annual budget up to EUR 500,000	<input type="checkbox"/>

Business Classification

We have assumed that your organisation is classified as a 'micro enterprise'. This won't affect the level of compensation you are entitled to but does help us meet our regulatory reporting obligations. We have supplied more information below about the different categories, so that you can decide if 'micro' is the right category for your organisation.

Please note you only need to let us know if your organisation is not classed as a Micro Enterprise.

- **Micro Enterprise**
Employs fewer than 10 persons and whose annual turnover and/or balance sheet total does not exceed EUR 2 million
- **Small Enterprise**
Employs fewer than 50 persons and whose annual turnover and/or balance sheet total does not exceed EUR 10 million
- **Medium Enterprise**
Employs fewer than 250 persons and whose annual turnover does not exceed EUR 50 million and/or whose annual balance sheet does not exceed EUR 43 million.

Please tick

Authorised Signature(s) – this form must be signed by all account operators.

Signature 1

Print Name

Date

Signature 3

Print Name

Date

Signature 2

Print Name

Date

Signature 4

Print Name

Date

For Office Use Only

CUS08 updated

Cust Ref:

«CUST_NO»

Eligibility:

NO

YES

User input:

.....

Date:

User check:

.....

Date: