

# Corporate Body 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 overleaf. For important information about the new account with the Society 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)

Name of Organisation:				
Nature of Organisation:				
Business/Activity:				
Principal Business Address:	Street	Operating Address: (If different from Principal Business Address)	Street	Date Effective From
	District		District	
	Town		Town	
	County		County	
	Postcode		Postcode	
Email Address:			Registered Company No:	
Telephone No:			Is the business subject to UK law only?	Yes / No
Name of <u>ALL</u> directors, senior management and who will <u>NOT</u> be operating the account:				

## SECTION 2 – Account Operators

To enable the account to be opened, the Society requires at least two people to operate the account. We are authorised to invest for the above Corporate Body:

### Account operator 1

Title:		
First Name(s):		
Surname:		
Address: (If you have lived at this address for less than 3 years, please provide your previous address)	Street	Date moved in
	District	
	Town	
	County	
	Postcode	
Previous Address: (Full address history for the last 3 years must be provided)	Street	Date moved in
	District	
	Town	
	County	
	Postcode	

### Account operator 2

Title:		
First Name(s):		
Surname:		
Address: (If you have lived at this address for less than 3 years, please provide your previous address)	Street	Date moved in
	District	
	Town	
	County	
	Postcode	
Previous Address: (Full address history for the last 3 years must be provided)	Street	Date moved in
	District	
	Town	
	County	
	Postcode	

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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National Ins No:

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Nationality:

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Are you a citizen and tax resident of the UK only? Yes / No

If no, please complete a separate Tax Residency Self Certification Declaration Form

Work Tel No: (Optional)

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Home Tel No:

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Mobile Tel No:

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Email Address:

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Relationship to Organisation:

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Occupation:

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**Account operator 3**

Title:

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First Name(s):

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Surname:

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Address:

Street	
District	
Town	
County	
Postcode	Date moved in

(If you have lived at this address for less than 3 years, please provide your previous address)

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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National Ins No:

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Nationality:

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Are you a citizen and tax resident of the UK only? Yes / No

If no, please complete a separate Tax Residency Self Certification Declaration Form

Work Tel No: (Optional)

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Home Tel No:

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Mobile Tel No:

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Email Address:

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Relationship to Organisation:

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Occupation:

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**Account operator 4**

Title:

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First Name(s):

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Surname:

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Address:

Street	
District	
Town	
County	
Postcode	Date moved in

(If you have lived at this address for less than 3 years, please provide your previous address)

Previous Address:

(Full address history for the last 3 years must be provided)

Street	
District	
Town	
County	
Postcode	Date moved in

Previous Address:

(Full address history for the last 3 years must be provided)

Street	
District	
Town	
County	
Postcode	Date moved in

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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National Ins No:

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Nationality:

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Are you a citizen and tax resident of the UK only? Yes / No

If no, please complete a separate Tax Residency Self Certification Declaration Form

Work Tel No: (Optional)

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Home Tel No:

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Date of Birth:

D	D	M	M	Y	Y	Y	Y
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National Ins No:

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Nationality:

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Are you a citizen and tax resident of the UK only? Yes / No

If no, please complete a separate Tax Residency Self Certification Declaration Form

Work Tel No: (Optional)

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Home Tel No:

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Mobile Tel No:

Email Address:

Relationship to Organisation:

Occupation:

Mobile Tel No:

Email Address:

Relationship to Organisation:

Occupation:

**SECTION 3 – Account information**

Type of Account:

Source of Deposit: (e.g. trading income, subscriptions, business funds from another bank account)

Number of signatures required for withdrawals:

How are you intending to fund the account? (please tick all that apply)

- Cash
- Cheque
- Electronic payments (from other bank account)
- Transfers from other DBS account(s)
- Third party payments (please provide details in box provided)

How are you intending to use the account?

- Main business trading account
- Secondary business account (main account held elsewhere)
- Business savings for a specific purpose (please specify)
- General use (e.g. to pay bills, invoices etc.)
- Other (please specify)



How often do you intend to use the account?

- Daily
- Weekly
- Monthly
- Quarterly
- Rarely

Please indicate the most likely anticipated turnover of this account in a typical year

- Less than £20,000
- £20,000 to £50,000
- £50,000 to £100,000
- More than £100,000

## SECTION 4 – Interest instructions

### Payment of Interest:

Add Interest annually to account

Transfer interest annually to my Dudley Building Society account no. :

Transfer the interest to another Bank / Building Society

Bank Name

Account Name:

Sort Code:

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Account Number:

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Reference: (if applicable)

## SECTION 5 – Data Protection

Our 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](http://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 them please confirm your preferences by selecting the following:

Post

Phone

Email

We would also like to like to share your information with our trusted third parties so that they may send you information about their products and services, by post telephone and email. If you agree to your information being shared in this way, please tick the box

## SECTION 6 – Declarations

1. 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)
2. I/we acknowledge receipt of the Financial Services Compensation Scheme Information Sheet which I/we received prior to opening this account.
3. I/ We declare that all statements made in this application are, to the best of my knowledge and belief, correct and complete.
4. 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.
5. The Account Holder is based in the United Kingdom for tax purposes. I will inform Dudley Building Society within 30 days if this changes.
6. 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.
7. 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.
8. 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.
9. If the authorised signatories change we will tell you in writing immediately.
10. We declare that the deposit is made on behalf of the organisation named and confirm that we have the authority to operate the account.
11. 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.
12. I/We declare that I/We have read and understood the Society's Privacy Notice.

Authorised signature(s) of the individuals named as Account Operators is required.

Authorised Signatory (1)

Date:

D	D	M	M	Y	Y	Y	Y
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Authorised Signatory (2)

Date:

D	D	M	M	Y	Y	Y	Y
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Authorised Signatory (3)

Date:

D	D	M	M	Y	Y	Y	Y
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Authorised Signatory (4)

Date:

D	D	M	M	Y	Y	Y	Y
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**FOR OFFICE USE ONLY**

Postal Title:

Account Code

ID

Operator 1  
Customer no.

ID Recorded

Operator 2  
Customer no.

ID Recorded

Operator 3  
Customer no.

ID Recorded

Operator 4  
Customer no.

ID Recorded

Corporate Body  
Customer No. :

Existing Member: Yes / No

Sanction Checked Yes / No

Existing Member: Yes / No

Existing Member: Yes / No

Existing Member: Yes / No

Existing Member: Yes / No

Input By:	Date:	Checked By:	Amended By:	Account Number:
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# 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:

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Date:

  

User check:

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Date: