

Children's Savings Account 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 16

Section 1 Personal Details – Account Holder

Title:

First Name(s):

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Nationality:

Country of Birth:

Contact Number:

Email Address:

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

Section 2 Personal Details – Account Operator (if applicable)

Title:

First Name(s):

Surname:

Relationship to the Account Holder:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Marital Status:

National Insurance Number:

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Occupation:

Employment Status:

Nationality:

Country of Birth:

Work Tel No (Optional):

Home Tel No:

Mobile Tel No:

Email Address:

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

Where did you find out about us?

Section 3 Tax Residency - Account Operator/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

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"/>

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

Section 4 Parental/Guardian Responsibility

This section must be completed by the account holders parent or guardian, **if not named as the operator in Section 2**

Parent/Guardian

Address:

Title:

First Name(s):

Surname:

Contact Number:

Email Address:

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

By signing this section, you are confirming that you have acknowledged the Society's Privacy Notice and the guidance that is contained within them, on behalf of the Account Holder. I declare that I have read and understood the Society's Privacy Notices.

Signature of Parent/Guardian: Date:

D	D	M	M	Y	Y	Y	Y
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Where did you find out about us?

Section 5 Savings Details

Which product would you like to open?

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 6 Nominated Account Details for Withdrawals

The nominated account details must be in the account holders name or the name of the operator.

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

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

Section 7 Interest and Withdrawal Instructions

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

Section 8 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: Email Post Phone Account Holder: Email Post Phone

Section 9 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. 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 Account Operator
Or

Signature of Account Holder (if the child is operating the account and is aged 11 or over)

<input type="text"/>
<input type="text"/>

Date:

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

Date:

Section 10 Office Use Only

Staff Number:

Date:

Checked by:

Existing Member: Yes / No

Identification Taken: Yes / No

Sanction Check Completed: Yes / No