

# Savings Account Application Form

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.  
**FOR USE BY PRIVATE INDIVIDUALS RESIDENT IN THE UK UNDER THE AGE OF 16.**



## SECTION 1 – Account Holder

### Account Holder

Title:

First Name(s):

Surname:

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

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

Date of Birth: 

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

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

Home Tel No:

Email Address:

**If there is no Operator in place please ensure the Account Holders Parent or Guardian completes Section 3.**

Previous Address:   
 (Full address history for the last 3 years must be provided.)

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

Nationality:

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

Mobile Tel No:

## SECTION 2 – Account Operator

### Account Operator

Title:

First Name(s):

Surname:

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

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

Date of Birth: 

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

National Ins No: 

--	--	--	--	--	--	--	--	--	--

Do you have parental responsibility for the Account Holder? Yes / No

**If No, please ensure the Account Holders Parent or Guardian completes Section 3.**

All correspondence will be sent to the Account Operator until the account has been signed over to the child at the age of 16 or later if requested.

Previous Address:   
 (Full address history for the last 3 years must be provided.)

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

Nationality:

## SECTION 2 – Account Operator - Continued

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

Employment Status:	
Occupation	
Home Tel No:	
Mobile Tel No:	
Work Tel No:	
Email Address:	

Employer/ Company Name		
Employer Address:		
	Street	
	District	
	Town	
	County	Postcode

## SECTION 3 – Parental / Guardian Responsibility

### Parent / Guardian

Title:	
First Name(s):	
Surname:	

This section should only be completed if the Account Operator does not have parental responsibility for the Account Holder.

All correspondence will be sent to the Account Operator until the account has been signed over to the child at the age of 16 or later if requested.

Address: (If you have lived at this address for less than 3 years, please provide your previous 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 Notices 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
---	---	---	---	---	---	---	---

## SECTION 4 – New Account Questionnaire

Type of Account:

--

Source of Deposit: (e.g. what is the origin of the funds and how were they acquired? *Example – inheritance*)

--

Source of Income / Wealth: (e.g. employment, benefits, private pensions, rental income)

--

## SECTION 4 – New Account Questionnaire - Continued

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)

What type of saving do you require?

- Short term savings (less than a year)
- Long term savings (more than 1 year)

What is the purpose of the account? (What are you saving for?)

How often will you deposit funds? (Please provide the approximate amount in the box provided)

- Daily
- Weekly
- Monthly
- Annually
- Adhoc

Approximate amount  
£

How often will you withdraw funds? (Please provide the approximate amount in the box provided)

- Daily
- Weekly
- Monthly
- Annually
- Adhoc

Approximate amount  
£

## SECTION 5 – 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:

<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"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------

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

Reference: (if applicable)

## SECTION 6 – 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 on behalf of the Account Holder.

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 (please note we will only contact the Account Holder once they reach the age of 16 if they have provided consent) :

Email

Post

Telephone

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 7 – 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 confirm that I am/we are aware that the type of account I am/we are opening is a share account.
- 5 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.
- 6 I/We am/are resident in the United Kingdom for tax purposes or, if not so resident, either perform duties, which by virtue of Section 28 of Income Tax (Earning & Pensions) Act 2003 (Crown employees serving overseas) are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with a person who performs such duties. I will inform Dudley Building Society if I cease to be so resident or to perform such duties or to be married to, or in a civil partnership with a person who performs such duties.
- 7 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.
- 8 I/ We will advise Dudley Building Society within 30 days of any change in circumstances which affects my tax residency status identified in Section 1 or 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.
- 9 I/We 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.
- 10 I/We declare that I/We have read and understood the Society's Privacy Notices.

**SIGNATURE – The signature(s) of the Account Holder or Operator (where applicable) are required.**

Signature of Acc Holder in Section 1 (11+)

Signature of  
Account Holder

Date:

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

Signature of  
Account Operator

Date:

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

**SIGNATURE UPDATES – Periodically children aged 11+ who are operating their own account will be required to provide an updated signature.**

Updated signature of Acc Holder detailed in Section 1

Signature of  
Account Holder

Date:

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

Signature of  
Account Operator

Date:

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

**FOR OFFICE USE ONLY**

Postal Title:

--

Account Code

--

Existing Member: Yes / No

ID

--

Sanction Check Yes / No

Customer 1  
Customer no.

--

Existing Member: Yes / No

ID Recorded

--

Registered  
Contact Cust no.

--

Existing Member: Yes / No

ID Recorded

--

Operator DBS  
employee: Yes / No

Input By:

Date:

Checked By:

Amended By:

Account Number:

--

--

--

--

--