

Unincorporated Account Application Form

For use by unincorporated bodies e.g. Partnerships, Sole Traders, Clubs and Associations. Before signing this form, you should check that all of the information is recorded accurately and read the Declarations. For important information about the new 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.



Section 1 Account Holder (Unincorporated Body Details)

Name of Organisation:	<input type="text"/>	Industry:	<input type="text"/>
Purpose of Organisation:	<input type="text"/>		
Registered Business Address:	<input type="text"/> Building Number/Name <input type="text"/> Street <input type="text"/> District <input type="text"/> Town <input type="text"/> County <input type="text"/> Postcode <input type="text"/> Date Effective From	Operating Address:	<input type="text"/> Building Number/Name <input type="text"/> Street <input type="text"/> District <input type="text"/> Town <input type="text"/> County <input type="text"/> Postcode <input type="text"/> Date Effective From
Email Address:	<input type="text"/>	(If different from Registered Business Address)	
Telephone No:	<input type="text"/>	Is this business subject to UK law?:	Yes / No

Names of individuals or partners who 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)
<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"/>

Section 2 Personal Details

Account Operator 1

Title:	<input type="text"/>
First Name(s):	<input type="text"/>
Surname:	<input type="text"/>
Date of Birth:	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Marital Status:	<input type="text"/>
National Insurance No:	<input type="text"/>
Occupation:	<input type="text"/>
Employment Status:	<input type="text"/>
Position/Role within the Organisation:	<input type="text"/>
Nationality:	<input type="text"/>
Country of Birth:	<input type="text"/>
Current Address:	<input type="text"/> Building Number/Name <input type="text"/> Street <input type="text"/> District <input type="text"/> Town <input type="text"/> County <input type="text"/> Postcode <input type="text"/> Date moved in
Previous Address: (full address history for the last 3 years must be Provided)	<input type="text"/> Building Number/Name <input type="text"/> Street <input type="text"/> District <input type="text"/> Town <input type="text"/> County <input type="text"/> Postcode <input type="text"/> Date moved in

Account Operator 2

Title:	<input type="text"/>
First Name(s):	<input type="text"/>
Surname:	<input type="text"/>
Date of Birth:	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Marital Status:	<input type="text"/>
National Insurance No:	<input type="text"/>
Occupation:	<input type="text"/>
Employment Status:	<input type="text"/>
Position/Role within the Organisation:	<input type="text"/>
Nationality:	<input type="text"/>
Country of Birth:	<input type="text"/>
Current Address:	<input type="text"/> Building Number/Name <input type="text"/> Street <input type="text"/> District <input type="text"/> Town <input type="text"/> County <input type="text"/> Postcode <input type="text"/> Date moved in
Previous Address: (full address history for the last 3 years must be Provided)	<input type="text"/> Building Number/Name <input type="text"/> Street <input type="text"/> District <input type="text"/> Town <input type="text"/> County <input type="text"/> Postcode <input type="text"/> Date moved in

Email Address:	<input type="text"/>	Email Address:	<input type="text"/>
Home Tel No:	<input type="text"/>	Home Tel No:	<input type="text"/>
Mobile Tel No:	<input type="text"/>	Mobile Tel No:	<input type="text"/>
Work Tel No (Optional):	<input type="text"/>	Work Tel No (Optional):	<input type="text"/>

Account Operator 3

Title:

First Name(s):

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Marital Status:

National Insurance 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

Work Tel No (Optional):

Home Tel No:

Mobile Tel No:

Email Address:

Account Operator 4

Title:

First Name(s):

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Marital Status:

National Insurance 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):

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)

Source of opening deposit	Select all that apply
Salary	<input type="checkbox"/>
Transfer from DBS Account	<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	
Business takings	
Subscriptions	
Membership fees	
Other (please specify)	

Current Savings / Investment held elsewhere	
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 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 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 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 the account or in the name(s) 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:

- Add interest annually to account (please check Terms and Conditions of the product to confirm this is acceptable)
- Transfer the interest to my nominated bank account/Building Society with another provider
- Transfer interest annually to my Dudley Building Society account number:

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

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. 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.
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. 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 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.
9. I/We agree to advise the Society immediately of any changes to the committee of the unincorporated bodies or to the original nature of the business/activity.
10. If the authorised signatories change we will tell you in writing immediately.
11. We confirm that the unincorporated body is not an LLP or a PLC.
12. We declare that the deposit is made on behalf of the unincorporated body named and confirm that we have the authority to operate the account.
13. I/We declare that I/we have read and understood the Society's Privacy Notice.
14. I/We confirm that I am/we are aware that the type of account I am/we are opening is a share account.

Signature of Account Operator 1
 Signature of Account Operator 2
 Signature of Account Operator 3
 Signature of Account Operator 4

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

 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
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 Date:

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

 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

Section 9 Office Use Only

Staff Number: _____
 Date: _____
 Checked by: _____
 Existing Member: Yes / No