

**APPLICATION FORM**

I apply to open an **CHRISTMAS SAVER ACCOUNT** and enclose **£**  being the initial investment

Full Name (Please use Bold CAPITALS)

TITLE	FORENAMES (in full)	SURNAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERMANENT ADDRESS

TELEPHONE  NATIONALITY  EMAIL

POSTCODE

**Interest Instructions**

I REQUIRE INTEREST TO BE (please tick one box only):

- (i) Paid with deduction of tax, as I am a taxpayer.  
**OR**  
 (ii) Paid without deduction of tax, as I am a non-taxpayer. *To receive gross interest, you will need to tick here if you are a non-taxpayer AND we require completion and receipt of a new R85 registration form (available from any of our branches, website or your local Tax Office).*

**Direct Debit Instructions (optional)**

**Instructions to your Bank or Building Society to pay by Direct Debit**

**1. Name and full postal address of your Bank or Building Society**

To: The Manager  Bank/Building Society

Address

Post code

**2. Name(s) of Account Holder(s)**

**3. Bank/Building Society Account Number**

**4. Branch Sort Code**

**5 - Please provide the following payment information:**

- Preferred Payment Date  (insert day between 1 and 24)
- I/We wish to invest the monthly sum of £
- In which month do you wish payment to commence:

FOR MONMOUTHSHIRE BUILDING SOCIETY OFFICIAL USE ONLY  
 (This is not part of the instruction to your Bank or Building Society)

Originator's Identification Number

9  4  1  2  6  7



Reference Number (For official use only)

2  0

**6. Instructions to your bank or Building Society**

Please pay Monmouthshire Building Society Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with the Monmouthshire Building Society and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions on some types of accounts. Before returning this form, please read the Direct Debit Guarantee, located beneath the account terms & conditions in this leaflet.

**Declaration (Please read, complete and sign overleaf)**

**AGREEMENT TO ASSIGN WINDFALLS TO CHARITY**

*Note: This Agreement does not apply to you if (i) you have held shares in the Society at all times since 30 June 2000 or (ii) you have already entered into an agreement in either the same or similar terms with the Society and have held shares in the Society continuously since the date the account for which you were then applying was opened.*

Where more than one of you is signing this form the above Note and, if applicable, the rest of this Agreement apply to each of you separately.

- I agree with the Society that I will assign to the **selected charity** my right to receive any **windfall benefits**, unless the transfer to the **successor** is publicly announced more than five years after the day on which I become a holder (either sole or joint) of the account for which I am now applying. I authorise the Society and any **successor** to pass any **windfall benefits** direct to the **selected charity** (or to any other registered charity which the **selected charity** may nominate) without giving any notice to me.
- I understand that the **selected charity** will have the benefit of this Agreement, and that neither it nor the Society will release me from it or vary its terms, even if the Society decides at some stage in the future that new shareholding members generally will not be required to enter into similar agreements.
- I authorise the Society to give the **selected charity** any information about me and any account that I have with the Society (either now or in the future), but only if the **selected charity** reasonably needs it for any purpose arising out of this Agreement.
- I understand that if the Society no longer exists following a merger with another building society, this Agreement will still apply between me and the other society.

## Declaration (Continued)

5. In this Agreement:

- (a) **'selected charity'** means the Monmouthshire Building Society Charitable Foundation or, if it ceases to be registered as a charity, any other registered charity selected by it;
- (b) **'windfall benefits'** means any benefits which I may become entitled to as a shareholding member of the Society under the terms of any future transfer of the Society's business to a **successor** (i.e. on a conversion or take-over), other than the right to have savings in a share account with the Society replaced by savings in a deposit account with the **successor**; and
- (c) **'successor'** means any company or other corporate body to which the Society transfers its business under Section 97 of the Building Societies Act 1986 (or under any provision which amends or replaces it).

### IMPORTANT INFORMATION

- I confirm that I have read and understood **this leaflet** and the **account specific** terms and conditions.
- I confirm that I have received and understood the following:
 

<b>General Investment Terms &amp; Conditions</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Interest Rate Leaflet</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Banking Code Leaflet</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Savings Services Tariff Leaflet</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- If you have ticked 'No' to any of the above, we will send it to you on receipt of this application.
- I accept that the Society may decline my application
- I declare that the sum shown on the application form is being invested in the Monmouthshire Building Society by me:
 

1\* as beneficial owner    2\* as executor or administrator    3\* for an individual.    (\* Delete as appropriate)
- I declare that the account will not be held by me as a trustee for a body corporate, or for persons who include a body corporate.
- I agree to the terms and conditions applying to the Account and to be bound by the Rules of the Society, a copy of which is available on request.

#### Joint Accounts Only

- I authorise the Society to permit any one of us to operate the Account and give a valid discharge to the Society on behalf of us all.\*
- (\*Please delete if all signatures are to be required for withdrawals).

### USE OF YOUR PERSONAL DATA

Information you give us will be used by us to provide and manage your account. The information may be used by the Society for its own use in respect of marketing, business analysis or similar purposes. Unless you choose otherwise on your application form, you consent to being informed of other products and services by post, telephone or email. The Society will keep your information after your account is closed. If it is necessary to the running of your account, essential information about your account may be given to others. Information may also be given to people acting as our agents, who will keep it confidential. Under the Data Protection Act 1998 you have a right of access to your personal data held. Upon payment of a single fee, we will give you a description of the data, the purpose for which it is processed and to whom it may be disclosed. You also have a right to have incorrect data corrected. In accordance with regulations, the Society will always treat information about you as confidential except as described in the Banking Code. I consent to you holding and processing my personal data for the purposes explained above.

The Society would like to contact you by post, telephone or email using the contact details which you provided in this form, to tell you about our financial products, services, promotions, offers and events in relation to investments, mortgages, general insurances which may be of interest to you, and to introduce you to or pass your details to its subsidiaries. By signing and returning this application you are agreeing to your information being used in this way. Only tick the following boxes if you do not wish to be contacted by:

Post  Telephone  Email

Signed		Signed	
Date		Date	

### FOR OFFICE USE ONLY

A/C No.	Customer Number	Branch/Agent	Security Number	Date Opened
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		SOURCE DOCUMENT	REF/ACCOUNT NUMBER	DATE OF DOCUMENT	
NAME	First Customer				CHECKED BY
NAME	Second Customer				
ADDRESS	First Customer				DATA CHECK
ADDRESS	Second Customer				
THIRD ID CHECK	First Customer				
	Second Customer				

### CHEQUE DETAILS

Drawer's Name	Bank Name	Bank Address	Sort Code	Account Number	Cheque Number	Amount