

# BOND APPLICATION FORM

## 1 Account Opening Details – Note: Please make cheques payable to the applicant(s) name

I/we apply to open a  BOND and enclose £

## 2 Personal Details – please use BLOCK CAPITALS

### Applicant 1

Title:  Forenames (in full):  Surname:   
Permanent Residential Address:   
Post Code:  Nationality:   
Date of Birth:  Email address:   
Contact Tel - Day:  Evening:  Mobile:   
Occupation:  Are you an existing customer? Yes  No

### Applicant 2

Title:  Forenames (in full):  Surname:   
Permanent Residential Address: - tick this box  if address is same as Applicant 1  
Post Code:  Nationality:   
Date of Birth:  Email address:   
Contact Tel - Day:  Evening:  Mobile:   
Occupation:  Are you an existing customer? Yes  No

## 3 Trustee, Executor, Administrator and Attorney Details – please use BLOCK CAPITALS if you are operating the account on behalf of the above applicant(s)

If you are operating the account on behalf of the above applicant(s), please tick here.  In addition to this form, which you **MUST** continue to complete and sign, you are also required to complete an **Official Signatory Form**, a copy of which is available from any of our branches or agents, or online at [www.monbs.com](http://www.monbs.com).

Trustee 1 – Title:  Forenames (in full):  Surname:   
Trustee 2 – Title:  Forenames (in full):  Surname:

## 4 Interest Instructions

I/we require interest to be:

(A)  Paid Annually OR  Paid Monthly

(B)  Paid with deduction of tax OR  Paid without deduction of tax, as I am a non-taxpayer as I am a taxpayer (please complete and return form R85)

(C)  Added to the Account (Annual Interest option only)

OR

Paid direct to Monmouthshire Building Society Account No:

OR

Paid direct to the following Bank Account:

Name of Account Holder(s):  Bank Name:

Bank Address:  Post Code:

Bank Sort Code: -- Bank Account Number:

(Please note that ISA accounts have maximum annual subscription limits)

If the interest is being paid to another person (beneficiary), you must also complete the following

Title:  Forenames (in full):  Surname:  Date of Birth:   
Permanent Residential Address of Beneficiary:   
Post Code:  Nationality:   
Contact Tel - Day:  Evening:  Mobile:

## 5 Account Operation & Withdrawal Instructions for Joint Accounts

I/we authorise the Society to permit the following signatories to operate the account: Any one signature  Any two signatures\*  All signatures required\*  \*Please note – if you require more than one signature to operate the account, you will not be able to register to operate the account online using our 'My Accounts' service.

## 6 Operating your Account Online

You can operate your account in any of our Branches or Agencies using your account passbook. We also offer the facility to manage your account online and/or discuss your account by telephone (although you will not be able to request withdrawals or make changes in this way). Our online 'My Accounts' service allows you to view your savings accounts, authorise withdrawals, transfer funds between accounts and correspond with us using our secure messaging facility.

If you would like to use either or both of these services, and have not previously registered, please enter a password and memorable word/phrase (each of which should be between 8 and 15 characters) in the boxes below:

Password:  Memorable Word/Phrase:  Please also indicate which service(s) you require: Telephone  Online

It is very important you keep a record of the information supplied in this section to enable you to use these service(s). Please note - if you require more than one signature to operate the account, you will not be able to register for online access.

## 7 Annual General Meeting (AGM) Voting Pack

You can now elect to receive your AGM Voting Pack electronically, which will help us to reduce our paper usage and postage costs.

Please tick ONE box only:

YES - I wish to receive my AGM Voting Pack electronically and I have supplied my email address above.

NO - I wish to receive a paper based AGM Voting Pack.



## 8 Additional Services for our Customers (optional)

The Monmouthshire Building Society Group offers a range of additional financial services. If you would like to receive further information on the services listed, please indicate below:

- Do you have savings accounts / bonds with other financial institutions? Yes  No
  - Would you like further information on any of the following accounts – please tick if Yes:  
 ISA's  Bonds  Childrens  Regular Savings  Easy Access  Notice accounts
- What is the date your current mortgage deal / rental agreement expires?
  - Would you like us to contact you at this time to discuss our range of mortgage products? Yes  No
- What month is your home insurance due for renewal?
  - Can we contact you at your next renewal date to offer you an alternative quote? Yes  No
- Would you like to make an appointment with a financial adviser to discuss any of the following – please tick if Yes

Financial Protection  Income Protection  Mortgage Protection  Pensions
- How many dependents do you have?
  - Have you a will in place? Yes  No
  - Would you like to be contacted by one of the Society's panel of solicitors to discuss reviewing / making a will? Yes  No

## 9 Customer Declaration: please read, complete and sign - ALL applicants / trustees must sign

**Important Information – it is important that you read and understand the terms within this declaration before signing below.**

- I/we confirm that I/we have received the following:
 

|                                                         |                              |                             |                                                                                                      |
|---------------------------------------------------------|------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------|
| General Terms & Conditions for Savings Accounts Leaflet | 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) |
| Interest Rate Leaflet                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                                                                                      |
| Savings Services Tariff Leaflet                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                                                                                      |
- I/we accept that the society may decline my/our application.
- I/we consent and acknowledge that the Society will carry out an electronic check to verify my/our identity.
- I/we declare that the amount being invested is: **Tick one box only**  
 by me as sole beneficiary  by us as joint beneficiaries  by me/us as trustee/executor/administrator/attorney on behalf of the applicant(s)
- I/we declare that the account will not be held by me/us as a trustee for a body corporate, or for persons who include a body corporate.
- I/we agree to the specific terms and conditions applying to the account, and the General Terms & Conditions for Savings Accounts, and to be bound by the Rules of the Society, a copy of which is available on request.
- I/we authorise the Society to operate the account according to the instructions indicated in this application form.

### Agreement to Assign Windfalls to Charity

- I/we have read the section titled 'Charitable Assignment' in the information section of our General Terms & Conditions for Savings Accounts Leaflet and I/we agree that unless I/we am/are an 'exempt customer', I/we will transfer to Monmouthshire Building Society's Charitable Foundation (or any other charities nominated by the Society, but to no other person) my/our rights to any windfall conversion benefits to which I/we may become entitled. I/we acknowledge that my/our agreement cannot be withdrawn or varied.
- I/we authorise Monmouthshire Building Society to pass any relevant information about me/us or my/our account to the Charitable Foundation and also to transfer any windfall conversion benefit to the Charitable Foundation without notice to me/us.

### Use of your Personal Information

- 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 electronic means.
- 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.
- We will treat all your personal information as private and confidential (even when you are no longer a customer). We will not give your details to anyone (even other companies in our group) unless: we have to give the information by law; there is a duty to the public to disclose it; you request us to disclose it, or we have your permission to do so; or our interests require us to give the information (for example, to prevent fraud). We will not use this as a reason for giving information for marketing purposes.
- I/we consent to you holding and processing my personal data for the purposes explained above.

### Keeping you informed about other products & services

The Society would like to contact you by post, telephone or electronic means 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 savings, 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:

Applicant 1: Post  Telephone  Electronic Means  Applicant 2: Post  Telephone  Electronic Means

Applicant 1 / Trustee 1

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2 / Trustee 2

Signature \_\_\_\_\_ Date \_\_\_\_\_

| For Office Use Only | Date Opened | Security Number    | Branch/ Agent | ID checked by      | Data Check |
|---------------------|-------------|--------------------|---------------|--------------------|------------|
| A/C No.             |             | Applicant 1 Number |               | Applicant 2 Number |            |

### CHEQUE DETAILS

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