

DEPOSIT APPLICATION FORM

I/We apply to open a **DESIGNATED DEPOSIT II ACCOUNT**, and enclose

£ being the initial investment.

ACCOUNT DETAILS Please use BLOCK CAPITALS

Name of Organisation	
Address of Organisation	
Address for Correspondence (if different)	
Contact Name 1	
Contact Name 2	

Name of Client (Please use BLOCK CAPITALS)

Mr/Mrs/Miss	Forenames	Surname

Withdrawal Instructions (For internet operated account withdrawals only)

We require all withdrawals to be transferred to the following bank account:

Title of Account _____

Bank Name _____

Bank Address _____ Postcode _____

Bank Sort Code _____ Bank Account No. _____

DECLARATION

Use of Your Personal Information

- We need to collect information about you in order to open and administer your savings account. The legal basis on which we process your data will be either that the processing is necessary for us to provide you with the financial product you are seeking; necessary to comply with our legal obligations; in our legitimate business interests in relation to such purposes or with your consent.
- If you make a joint application with your spouse, partner, family member or another party, we will also need to collect personal information about that person. If you make a joint application on behalf of the joint applicant, you agree to show them our Summary Privacy Notice and that you have all necessary consents to enable you to provide us with their information.
- The information we collect is used to verify your identity, administer your accounts, provide you with our services and to communicate with you about other products or services of ours that we think may be of interest to you.
- When using your information we may also share information with anyone you appoint to administer or operate your account; regulatory and government bodies; auditors; any individuals/organisations that we use to provide services to us; and any other person or organisation if the law, public duty or our legitimate interests require us to do so.
- We undertake checks about you with Fraud Prevention Agencies ('FPAs') for the purposes of preventing fraud and money laundering, and to verify your identity. If false or inaccurate information and fraud is suspected then we will record this and share the information with FPAs.
- In making your application you acknowledge that you have received and read the summary of our full Privacy Notice contained in our "Important Information About Your Personal Data" leaflet. Our full Privacy Notices are available from all our offices and on our website at www.monbs.com/privacy.

Keeping You Informed About Other Products & Services

The Society would like to provide you with information on our products and services unless you opt out of receiving this information. Please note the Society will continue to provide you with regulatory and service communications even if you have opted out.

I do not wish to receive information on products and services by the following channels:

On behalf of the Organisation: Mail Telephone Electronic means

I/We _____

of _____

being a person/persons/a body of persons in the course of whose business it is customary for **me/us** to make investments on behalf of clients, hereby declare that the sum shown on the application form is being invested by me/us in Monmouthshire Building Society on behalf of **my/our** above named client(s) the beneficial owner(s) of that sum and not as trustee(s) or as nominee(s) for any other person or body of persons. The Society may accept any _____ (enter required number) of the specimen signatures as authority for withdrawals from the account. **I/We** agree to the terms and conditions applying to the Account having read and understood the terms and conditions of the account and agree to be bound by the rules of the Society.

Authorised signatories and signatories for branch based withdrawals:

Name (please print): _____	Name (please print): _____
Signature: _____	Signature: _____
Position in organisation _____	Position in organisation _____
Date: _____	Date: _____

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AUTHORISED ONLINE SIGNATORIES (For internet operated accounts only)

Any one of the following: (no others will be accepted by this Society, unless by further resolution of the managing body).

Mr/Mrs/Miss ___ Forename(s) _____ Surname _____ Date of Birth: ___ / ___ / ___
 Home Address _____
 Postcode _____ Telephone _____ Signature _____

Mr/Mrs/Miss ___ Forename(s) _____ Surname _____ Date of Birth: ___ / ___ / ___
 Home Address _____
 Postcode _____ Telephone _____ Signature _____

Mr/Mrs/Miss ___ Forename(s) _____ Surname _____ Date of Birth: ___ / ___ / ___
 Home Address _____
 Postcode _____ Telephone _____ Signature _____

Mr/Mrs/Miss ___ Forename(s) _____ Surname _____ Date of Birth: ___ / ___ / ___
 Home Address _____
 Postcode _____ Telephone _____ Signature _____

FOR OFFICE USE ONLY

A/C No.	Customer Number	Branch/Agent	Security Number	Date Opened

CHEQUE DETAILS

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

	SOURCE DOCUMENT	REF/ACCOUNT NUMBER	DOCUMENT DATE	CUST. NO.
ORGANISATION				
1st NAME				
2nd NAME				
3rd NAME				
4th NAME				
1st ADDRESS				
2nd ADDRESS				
3rd ADDRESS				
4th ADDRESS				
3rd I.D.	1st NAME			
	2nd NAME			
	3rd NAME			
	4th NAME			

CHECKED BY

DATA CHECK