DEPOSIT APPLICATION FORM

We apply to open a **GENERAL CLIENT ACCOUNT** on behalf of the organisation below, and enclose being the initial investment. ACCOUNT DETAILS Please use Bold CAPITALS Name of Organisation Address of Organisation Address for Corresponence (if different) Contact Name 1 Contact Name 2 Withdrawal Instructions We require all withdrawals to be transferred to the following bank account: Title of Account Bank Name Bank Address ___ Bank Account No. Bank Sort Code ___ **Interest Payment Instructions** We require payment of monthly interest to be transferred to the following bank account: Title of Account Bank Name Bank Address Postcode Bank Account No. ___ Bank Sort Code **DECLARATION** I confirm that the body named above is a company, other corporate body or unincorporated association and declare that the sum shown on the application form is being invested in Monmouthshire Building Society by me as a trustee for the organisation named thereon, and that I am an officer of the said body duly authorised to make this investment on its behalf. I have received and 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. **Use of Your Personal Information** We need to collect information about you in order to open and administer • When using your information we may also share information with anyone your savings account. The legal basis on which we process your data you appoint to administer or operate your account; regulatory and government bodies; auditors; any individuals/organisations that we use 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 to provide services to us; and any other person or organisation if the law, legal obligations; in our legitimate business interests in relation to such public duty or our legitimate interests require us to do so. purposes or with your consent. We undertake checks about you with Fraud Prevention Agencies ('FPAs') for the purposes of preventing fraud and money laundering, and to verify If you make a joint application with your spouse, partner, family member or another party, we will also need to collect personal information your identity. If false or inaccurate information and fraud is suspected 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 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 you have all necessary consents to enable you to provide us with their 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 are available from all our offices and on our website at www.monbs.com/ to you. **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 Name (please print): ___ Name (please print): ____ Signature: Signature: Position in organisation Position in organisation____

Date:

DEPOSIT APPLICATION FORM

AUTHORISED ONLINE SIGNATORIES

any one of the following:	(no others will	be accepted by this	Society, unless by further	resolution of the managing body).
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Mr/M	1rs/Miss	Forename(s	orename(s)		Surname			Date of Birth:			/.	/		
Hom	e Address_													
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FOR OFFICE USE ONLY														
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