

Official Signatory Form

Please complete this form in BLOCK CAPITALS.

This form MUST be completed if you are opening a new Monmouthshire Building Society account, or wish to manage an existing Monmouthshire Building Society account, on behalf of another person(s).

A copy of the Trust Deed, Power of Attorney, Will, Grant of Probate or Letters of Administration (as applicable) must accompany this application.

1. About you												
Signatory 1												
Title:	Forenames (in full):						Surname:					
Home Address:											Postcode:	
Time at Address: Years:		Months:										
Previous Address (if time at home address is less than 3 years):											Postcode:	
If you have resided at more than two addresses in the last 3 years, please supply your previous addresses and length of time at each address on a separate sheet.												
Nationality:				Country of Birth:								
City/Town of Birth:						Date of Birth:						
National Insurance Number:									Gender:	Male	Female	Non-binary
Employment Status:						Occupation:						
Contact Telephone Number:						Mobile Number:						
Email Address:				Relationship to Account Holder:								
If you are not a UK or EEA National, do you have indefinite leave to remain in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>												
Are you a resident for tax purposes anywhere other than the UK? YES <input type="checkbox"/> NO <input type="checkbox"/> If you have answered yes to either of these two questions, please complete a Tax Residency Self Certification Declaration form.												
Are you a citizen of the USA? YES <input type="checkbox"/> NO <input type="checkbox"/>												
Signatory 2												
Title:	Forenames (in full):						Surname:					
Home Address:											Postcode:	
Time at Address: Years:		Months:										
Previous Address (if time at home address is less than 3 years):											Postcode:	
If you have resided at more than two addresses in the last 3 years, please supply your previous addresses and length of time at each address on a separate sheet.												
Nationality:				Country of Birth:								
City/Town of Birth:						Date of Birth:						
National Insurance Number:									Gender:	Male	Female	Non-binary
Employment Status:						Occupation:						
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Email Address:				Relationship to Account Holder:								
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Are you a resident for tax purposes anywhere other than the UK? YES <input type="checkbox"/> NO <input type="checkbox"/> If you have answered yes to either of these two questions, please complete a Tax Residency Self Certification Declaration form.												
Are you a citizen of the USA? YES <input type="checkbox"/> NO <input type="checkbox"/>												

2. Account details

I/we will be operating the account(s) of:

Name:

Address:

Postcode:

Existing Account Numbers:

3. In what capacity will you be operating the account?

I/we are operating the account as:

Trustees	<input type="checkbox"/>	and we enclose a copy of the Trust Deed	<input type="checkbox"/>
Attorney(s)*	<input type="checkbox"/>	and I enclose a copy of the Power of Attorney	<input type="checkbox"/>
Executor(s)/Administrator(s)	<input type="checkbox"/>	and I enclose a copy of the Will, Grant of Probate or Letters of Administration	<input type="checkbox"/>
Deputy/Appointee	<input type="checkbox"/>	and I enclose a copy of the Court of Protection order or DWP Form BF57	<input type="checkbox"/>

* Please confirm by ticking the appropriate boxes below whether the account holder is currently:

Physically incapacitated	<input type="checkbox"/>	Mentally incapacitated	<input type="checkbox"/>	Neither physically or mentally incapacitated	<input type="checkbox"/>
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If neither, please state the reason for the registration:

4. Account operation & withdrawals instructions

I/we authorise the Society to permit the following signatories to operate the account and authorise withdrawals on behalf of the applicant(s):

Any one signatory (not applicable to Trust accounts)	<input type="checkbox"/>	Any two signatories*	<input type="checkbox"/>	All signatories required*	<input type="checkbox"/>
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*Please note – accounts operated by more than one signatory will not be able to operate the account online using our 'My Accounts' service.

5. Financial Services Compensation Scheme

The Society is part of the Financial Services Compensation Scheme (FSCS). Details of the Scheme and who is covered by it can be found at www.fscs.org.uk. In signing overleaf, I/we confirm that I/we have read and understood the FSCS - Information Sheet. If you have not received this, please contact your local branch/agency or visit us online at www.monbs.com.

6. Customer 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.

Signatory 1	Signatory 2
Signature	Signature
Date:	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/Electronic Transfer Details – Please note that we can only accept funds belonging to the applicant(s).						
Account Holder's Name(s)	Bank Name	Bank Address	Sort Code	Account number	Cheque Number	Amount