# Business Savings and Client Account Application Form



This form is to be used by Limited Companies, Unincorporated Associations, Partnerships, Registered Charities, Clubs/Societies and Solicitors. Please complete this form in BLOCK CAPITALS.

1. You and Monmouthshire Build	ding Society					
Are you an existing customer of Monmo	Are you an existing customer of Monmouthshire Building Society? YES NO					
Provide a Monmouthshire Building Socie	ety Account Number:	-				
	,					
2. About your proposed investn account as referenced in Section 9.	n <b>ent –</b> Note: Please make cheques pay	yable to your Organisati	on's name, drawn on the nominated			
I would like to invest £	into a (name of account)		Issue Number (if applicable)			
3a. About your Business – Clubs	and Societies please complete	section 3b				
Full Business Name:						
Nature of Business:						
Limited Company Unincorpo	orated Association/Partnership	Limited Liability Partn	ership			
Charitable Incorporated Organisation	Credit Union Other					
Business Registered Address:						
		Postcode:				
Trading Address (if different):		Fostcode:				
	Postcode:					
Business Phone Number:		Business Start Date:				
Company Number (if limited): FCA Registration Number (if applicable):						
Firm SRA ID No. (if applicable):						
Is the Business a registered Charity? YES NO						
Charity Number (if applicable):						
3b. Club/Society details						
Name of Club/Society:						
Registered Address:						
Postcode:						
Trading Address (if different):						
		Postcode:				
Telephone Number:		Club/Society Start Date				
4. About your Business/Organis	ration					
		SIC Codes):				
What does your Business/Organisation do? (Limited Companies please provide SIC Codes):     Annual Turnover: £     Number of Directors/Principals/Partners:						
Number of Employees: less than 50     51-100     101-200     201+						

5. Expected account activity (we require this information for anti-money laundering regulation)					
How often do you expect to use the account?:					
One off lump sum Monthly Quarterly Half-yearly Annually					
Please tick the box which most accurately reflects the anticipated turnover of th	is deposit account, excluding your initial deposit, during a				
	S100 000 - S250 000 -				
Less than £20,000 £20,000 - £50,000 £50,000 - £100,000	£100,000 - £250,000				
Over £250,000 approximate amount					
6. Authorised Signatories					
Signatory One – Your Personal Information					
Title: Forenames (in full):	Surname:				
Home Address:					
	Postcode:				
Time at Address: Years: Months:					
Previous Address (if time at current address is less than 3 years):					
	Postcode:				
Nationality: Country of Birth:	Date of Birth:				
National Insurance Number:	Gender: Male Female Non-binary				
Position held within the business:					
If you are not a UK or EEA National, do you have indefinite leave to remain in the					
Are you a resident for tax purposes anywhere other than the UK? YES NO					
Are you a citizen of the USA? YES NO					
If you have answered yes to either of these two questions, please complete the	Tax Residency Self Certification Declaration form.				
Personal Contact Details					
Telephone Number: Mobile N	umber:				
Email Address:					
Signatory Two – Your Personal Information					
Title: Forenames (in full): Surname:					
Home Address:					
	Postcode:				
Time at Address: Years: Months:					
Previous Address (if time at current address is less than 3 years):					
Postcode:					
Nationality: Country of Birth: Date of Birth: / / /					
National Insurance Number: Gender: Male Female Non-binary					
Position held within the business:					
If you are not a UK or EEA National, do you have indefinite leave to remain in the UK? YES NO					
Are you a resident for tax purposes anywhere other than the UK? YES NO					
Are you a citizen of the USA? YES NO					
If you have answered yes to either of these two questions, please complete the Tax Residency Self Certification Declaration form.					

Personal Contact Details					
Telephone Number:	Mobile Number:				
Email Address:					
Signatory Three - Your Personal Information					
Title: Forenames (in full):	Surname:				
Home Address:					
	Postcode:				
Time at Address: Years: Months:					
Previous Address (if time at current address is less than 3 years):					
	Postcode:				
Nationality: Country of Birth:	Date of Birth:				
National Insurance Number:	Gender: Male Female Non-binary				
Position held within the business:					
If you are not a UK or EEA National, do you have indefinite leave to remo	ain in the UK? YES NO				
Are you a resident for tax purposes anywhere other than the UK? YES Are you a citizen of the USA? YES NO	5 NO				
If you have answered yes to either of these two questions, please com	plete the Tax Residency Self Certification Declaration form.				
Personal Contact Details					
Telephone Number:	Mobile Number:				
Email Address:					
Signatory Four – Your Personal Information					
Title: Forenames (in full):	Surname:				
Home Address:					
	Destes des				
Postcode:					
Time at Address: Years: Months:					
Previous Address (if time at current address is less than 3 years):					
Postcode:					
Nationality: Country of Birth:	Date of Birth:				
National Insurance Number:	Gender: Male Female Non-binary				
Position held within the business:					
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Are you a resident for tax purposes anywhere other than the UK? YES NO					
Are you a citizen of the USA? YES NO					
If you have answered yes to either of these two questions, please complete the Tax Residency Self Certification Declaration form.					
Personal Contact Details					
	Mobile Number:				
Email Address:					

7 Shareholding and ow	norship information				
	7. Shareholding and ownership information Please confirm if any account signatories own or control 25% or more of the business capital, profit or voting rights:				
	tory Two Signatory Three Signatory Four				
How many other individuals o	own or control 25% or more of the business capital, profit or voting rights and are NOT account signatories:				
(A separate shareholder form	n will need to be completed for each of these individuals)				
8. Your nominated acc					
I/we require all withdrawals t the name of the account as r	to be transferred to the organisation's bank account as follows. Please note, the 'Bank Account Name' should be egistered with your bank.				
Bank Account Name:					
Bank Name:					
Bank Address:					
	Postcode				
Bank Sort Code:	Bank Account Number				
8a Interest Instruction	ns - For Solicitor Operated General Client Accounts only				
	est to be transferred to the following bank account . Please note, the following account must be your office				
account.	sse to be transiened to the following bank account . Please note, the following account must be your once				
Bank Account Name:	Account Name:				
Bank Name:					
bank name.					
Bank Address:					
	Postcode				
Bank Sort Code:	Bank Account Number				
9. Operating the account					
Contact for enquiries: Signatory One Signatory Two Signatory Three Signatory Four					
Community Saver Account – Who can operate the account?					
Any one of the signatories may sign to operate the account Any two of the signatories may sign to operate the account					
All signatories must sign to operate the account					
Corporate/Charity Accounts can only be operated via the Society's Online Service 'My Accounts'. We will contact you to complete the regis- tration process (once completed, we will write to your business address providing you with your login details to access the 'My Accounts' Service). Please note, only one login will be provided per organisation.					

1(	).	Dec	larat	ion – I	Please read	. comp	lete and sig	an – All sig	gnatories must sig	an

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

• As a representative of the body named on page 1, I/we confirm that it 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/us as a trustee for the organisation named there, and that I am an/we are officer(s) of the said body duly authorised to make this investment on its behalf.

• 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 agree to the 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.

• I/we have received a copy of the financial services compensation scheme information sheet.

#### Use of your Personal and Business 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.
- 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	

Signatory 1	Signatory 2
Name	Name
Signature	Signature
Date	Date
Signatory 3	Signatory 4
Name	Name
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				
	Applicant 3 Number				Applicant 4 Number				
Cheque D	Cheque Details								
Drawer's Nar	me	Bank Name	Bank Address Sort Code Account num		ber	Cheque Number	Amount		

Monmouthshire Building Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register Number: 206052.

Head Office: Monmouthshire House, John Frost Square, Newport, South Wales, NP20 1PX. Telephone: 01633 844330 Fax: 01633 844445 www.monbs.com

# Financial Services Compensation Scheme



## - Information sheet and exclusions list

Basic information about the protection of your eligible deposits					
Eligible deposits in the Monmouthshire Building Society are protected by:	The Financial Services Compensation Scheme (FSCS). <sup>1</sup>				
Limit of protection:	£85,000 per depositor per bank, building society or credit union.²				
If you have more eligible deposits at the same bank, building society or credit union:	All your eligible deposits at the same bank, building society or credit union are 'aggregated' and the total is subject to the limit of £85,000.²				
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately. <sup>3</sup>				
Reimbursement period in case of bank, building society or credit union's failure:	20 working days.⁴				
Currency of reimbursement:	Pound sterling (GBP, £) or, for branches of UK banks operating in other EEA Member States, the currency of that State.				
To contact the Monmouthshire Building Society for enquiries relating to your account:	Monmouthshire Building Society. Head Office: Monmouthshire House, John Frost Square, Newport, NP20 1PX. Tel: 01633 844444 Email: enquiries@monbs.com				
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House 15 St Botolph Street London EC3A 7QU Telephone: 0800 678 1100 or 020 7741 4100 Email: ICT@fscs.org.uk				
More information:	www.fscs.org.uk				

### <sup>1</sup>Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

### <sup>2</sup>General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000. In some cases eligible deposits which are categorised as 'temporary high balances' are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

a) Certain transactions relating to the depositor's current or prospective only or main residence or dwelling;

- b) A death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- c) The payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained from www.fscs.org.uk.

#### <sup>3</sup>Limit of protection for joint accounts

In the case of joint accounts, the limit of \$85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

#### <sup>4</sup>Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London EC3A 7QU, tel: 0800 678 1100 or 020 7741 4100, email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 20 working days until 31st December 2018; within 15 working days from 1st January 2019 until 31st December 2020; within 10 working days from 1st January 2021 to 31st December 2023; and within seven working days from 1st January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within seven working days, it will, from 1st June 2016 until 31st December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses or operating costs (in the case of a depositor which is not an individual or a large company) within five working days of a request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained from www.fscs.org.uk.

#### Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

#### **Exclusions list**

#### A deposit is excluded from protection if:

- 1. The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
- 2. The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- 3. It is a deposit made by a depositor which is one of the following:
- credit institution
- financial institution
- investment firm
- insurance undertaking
- reinsurance undertaking
- collective investment undertaking
- pension or retirement fund1

• public authority other than a small local authority.

For further information about exclusions, refer to the FSCS website at www.fscs.org.uk.

<sup>1</sup>Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.





Protected

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