## Fixed rate bond application form

## **1** This form is for:

Cambridge & Counties Bank

- Credit unions
- Other mutual societies

**Please tick your** 

selected account

### Before you begin:

Please tick the box to confirm the organisation/individuals and any related entities (including parent companies, directors, controllers, shareholders, beneficiaries\* or trustees) are incorporated and based in the UK, liable to pay tax in the UK only and all individuals named on the account are 18 or over. We cannot accept client monies into this account. We can only proceed with your application if this box is ticked.

\*Please note that this refers to owner beneficiaries of the charity as a legal entity/ business, rather than beneficiaries in terms of individuals a charity supports through their philanthropic endeavours.

Please complete this form using BLOCK CAPITALS. This makes it easier for us to read.

# 1 Which account are you applying for?

of 10

Section

## 6 month fixed rate bond

Credit union bond paying **4.70%** Gross/AER Fixed (Issue 7). Minimum deposit £10k and maximum deposit £5m.

### 1 year fixed rate bond

Credit union bond paying **4.80%** Gross/AER Fixed (Issue 72). Minimum deposit £10k and maximum deposit £5m.

## 5 year fixed rate bond

Credit union bond paying **4.30%** Gross/AER Fixed (Issue 36). Minimum deposit £10k and maximum deposit £5m.

#### **Deposit amount**

🕑 This must be within the relevant minimum/maximum deposit amount highlighted in Section 1.

Client funds are not accepted as a deposit.

I/We would like to invest: £

Section

of 10

2

# Your organisation

Where has this deposit come from? (tick all that apply)	Existing savings Investmen Other (please prov	t Ca	ading income / ofit ompensation / ottlement	loa	bital injection / n nation / grant / pscriptions		roceeds f a sale
How will you make your opening deposit?	<ul> <li>We may ask you verify your sou</li> <li>Electronic transfer</li> <li>Cheque</li> </ul>	rce of funds. Your ope current a The chec cheque r	dditional information ening deposit should b account as detailed be que must be made pay must show the accour ded with your application	e made in one p low. This can be rable to the orga It number and sc	ayment and must con made either by elect nisation name as out	me from your ronic transfer lined in <b>Sectic</b>	nominated or cheque. on <b>2</b> and the
Organisation name							
Organisation trading name	(if different to ab	ove)					
Registered address				Postcode			
Trading address	(if different to Re	gistered addre	ss above)	Postcode			
Organisation contact individual	Title	Forename(s)			Surname		
Organisation contact number(s) (in order of preference)				or			
Organisation contact email address	This is how we will terms & condition		ct the organisatic	on about the	account e.g. cha	anges to th	e account or
Main activity of organisation	Credit union	э 					
Organisation turnover/income for last full financial year	£		Date last ful year ended	ll financial	DD	MM	ΥΥ
Total net current assets for organisation	£		Number of excl. volunteers				

2	Date of incorporation		MYY	Company number				
nt.)	FCA number							
	Does this organisation already have an accoun Cambridge & Counties		No	If yes, please provide account number				
	Does this organisation operate in any countries outside the UK?	Yes	No	If yes, please state which countries				
	Is the organisation, and for tax in the UK only?	are any related en	itities, incorpo	rated in the UK and liab	ole Yes	No		

• We are only able to proceed with the application if the organisation/individuals, and any related entities (e.g. parent companies, directors, controllers, shareholders, beneficiaries or trustees), are incorporated in the UK and liable for tax in the UK only.

of 2

- The next three sections ask for information related to any individuals in the organisation. We need this information to operate your account effectively and meet regulatory requirements.
- A Signatory is an individual who has the authority to operate and transact on the account e.g. request a withdrawal, change Signatories or nominated current account details. Only Signatories may have online account access.

Section

3

of 10

## About the individuals who **run the organisation**

This section must be completed with the personal details of two Directors/Controllers (unless the organisation has only one) – e.g. Chairperson, Financial Controller/Treasurer, Secretary or equivalent. These individuals are defined as the members of the governing body of the organisation and must have the authority to open the account on behalf of the organisation, and are required to sign the declaration in **Section 10**.

## Individual 1

Role/Position	e.g. Chairperson, Financial Controller/Treasurer					
Name	Title	Forename(s)		Surna	ime	
Personal address (if different to address detailed in section 2)				Postcode		
Personal email address						
Personal mobile number			National Insurance Number			
Date of birth		MY	Y Nationality			
Is this individual a UK re	sident and pays	tax in the UK	only? Yes	No		
Is this individual already named on an account wit Cambridge & Counties Ba		No	lf yes, please prov account number	ide		
Is this individual to be a signatory on this account	Yes	No	lf yes, please sign here			
Individual 2						
Role/Position	e.g. Chairpers	on, Financial C	ontroller/Treasurer			
Name	Title	Forename(s)		Surna	ime	
Personal address						
				Postcode		
Personal email address						
Personal mobile number			National Insurance Number			
Date of birth		MY	Y Nationality			
Is this individual a UK resident and pays tax in the UK only? Yes No						
Is this individual already named on an account wit Cambridge & Counties Ba		No	lf yes, please prov account number	ide		
Is this individual to be a signatory on this accoun	Yes	No	lf yes, please sign here			

of 10

4

## About the individuals who will run this account

This section is for additional Signatories. If there are no additional Signatories to add, please go to Section 5.

**1** If you require more than two additional Signatories, please print and complete additional copies of this page.

Individual 1	
Role/Position	e.g. Finance Officer
Name	Title Forename(s) Surname
Personal address	
	Postcode
Personal email address	
Personal mobile number	National Insurance       Number
Date of birth	D D M M Y Y Nationality
Is this individual a UK re	sident and pays tax in the UK only? Yes No
Is this individual already named on an account wit Cambridge & Counties Ba	
Signature	
Individual 2	
Role/Position	e.g. Finance Officer
Name	Title Forename(s) Surname
Personal address	
	Postcode
Personal email address	
Personal mobile number	National Insurance       Number
Date of birth	D D M M Y Y Nationality
Is this individual a UK re	sident and pays tax in the UK only? Yes No
Is this individual already named on an account wit Cambridge & Counties Ba	
Signature	

### of 10

5

## Other individuals in your organisation

This section is for any **additional Directors/Controllers** not listed in **Section 3 or 4**. These individuals are defined as the members of the governing body of the organisation.

**1** If these individuals have already been listed in **Section 3 or 4**, they do not need to be repeated, **please continue to Section 6**.

	Name			Date of birth	House no.	Home postcode
1	Title	Forename(s)	Surname	DD/MM/YY		
2	Title	Forename(s)	Surname	DD/MM/YY		
3	Title	Forename(s)	Surname	DD/MM/YY		
4	Title	Forename(s)	Surname	DD/MM/YY		
5	Title	Forename(s)	Surname	DD/MM/YY		
6	Title	Forename(s)	Surname	DD/MM/YY		
7	Title	Forename(s)	Surname	DD/MM/YY		
8	Title	Forename(s)	Surname	DD/MM/YY		
9	Title	Forename(s)	Surname	DD/MM/YY		
10	Title	Forename(s)	Surname	DD/MM/YY		
11	Title	Forename(s)	Surname	DD/MM/YY		
12	Title	Forename(s)	Surname	DD/MM/YY		
13	Title	Forename(s)	Surname	DD/MM/YY		
14	Title	Forename(s)	Surname	DD/MM/YY		

Section

6

of 10

## **Additional individuals**

If you require any individuals to have access to the account for information purposes please complete the section below.

Only balances, transaction history and general information can be given via phone or the correspondence email address. These individuals will not have online account access or be able to make changes to the account.

Name	Title	Forename(s)	irname
Organisation (if applicable)			
Personal address			
		Postcode	
Personal email address			
Personal contact number		Date of birth	
Is this individual already named on an account wi Cambridge & Counties B		No     If yes, please provide account number	



7

## Your interest and nominated current account

### About your interest and statements

In the case of a 1 Year Bond or less, interest is credited to the account on maturity. For Bonds with a term of more than 1 year, interest is credited to the account annually on the anniversary of the Bond opening, and also then on maturity.

Please tick here if you would prefer interest to be paid into the nominated current account.

Interest will be paid without the deduction of tax (Gross). The organisation will need to pay any tax that may be owed to HMRC.

### The nominated current account

All deposits and withdrawals must be made to/from the nominated current account. This can be with any UK bank or building society and must be held in the same name as the organisation outlined in Section 2.

Bank/Building Society name		
Account name	e.g. Credit Union	
Account number		Sort Code

#### Section

## Data about you and connected individuals

### of 10

8

Cambridge & Counties Bank Limited hold and use your personal information and information about connected individuals (e.g. Directors, Shareholders, Trustees, Beneficiaries) in accordance with the UK General Data Protection Regulation. We will use the contact details provided to get in touch regarding the account with us. We will use the information on this form to open the account, manage it and tailor the service we offer as well as make checks and seek any verifications needed. The information you provide us with, or is collected by the Bank during our dealings with each other, is kept for as long as is necessary to administer any contractual relationships with us, or for as long as regulation or the law says we have to, if that's longer. To prevent criminal activities, information captured on this form and obtained from Credit Reference Agencies or other third parties will be shared with relevant agencies who may keep a record of it. These agencies will also give us electoral roll information for the purpose of verifying the identities of significant persons to this application, which we will retain. Where additional individuals are identified as part of this process (e.g. Undisclosed Directors, Ultimate Beneficial Owners) we will process the data for the prevention and detection of crime. If criminal activity is identified, any details we hold will be passed to the relevant agencies.

You can find our full Privacy Notice, explaining how we use personal information and what rights there are in relation to it, at <u>ccbank.co.uk/privacy-notice</u>. If you are providing information regarding other individuals, you must make sure they are aware of the privacy notice referenced above. If you have any questions or require further information, please get in touch using the details below:

😢 Write: Data Protection Officer, Cambridge & Counties Bank, Charnwood Court, 5B New Walk, Leicester LE1 6TE

Call: 0344 225 3939

#### **Email:** dataprotection@ccbank.co.uk

By signing this document, you are declaring that you have read and understood both the above summary and our full Privacy Notice.

#### Would you like to hear from us?

Occasionally we may share information with you about account launches and news from Cambridge & Counties Bank. If you wish to receive this information, please tick the ways in which you would like to hear from us:

Post		Telephone		Email	
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You can withdraw your consent to receiving these types of communications at any time by contacting us on the details above.

## About the Financial Services Compensation Scheme (FSCS)

**9** of 10

Credit Unions are currently ineligible and therefore not covered by the FSCS. We are covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors if a bank is unable to meet its financial obligations. For further details and to view/download the FSCS Information and Exclusions list, please visit our site at ccbank.co.uk/fscs

#### This box must be ticked to proceed

I/We confirm that we have received the information sheet and exclusions list.

It is a regulatory requirement that all banks have to maintain records to help determine the eligibility of their customers. If the organisations circumstances change during the term of the Bond, you must inform us of the change.

If you are unsure as to whether you are eligible or not, you can call us on 0344 225 3939 or email <a href="mailto:savings@ccbank.co.uk">savings@ccbank.co.uk</a> Alternatively, you can contact the FSCS directly on 0800 678 1100 or visit <a href="mailto:www.fscs.org.uk">www.fscs.org.uk</a>



Protected

of 10

### **Declaration** 10

#### I/we authorise the application on behalf of the organisation I/we represent and confirm that by signing the application:

- 1. I/we agree to the Account Terms & Conditions, the Summary Box and the Tariff of Charges (together the Agreement).
- 2. That I/we have full legal authority to enter into the Agreement on behalf of the organisation, and I/we have read and understand the Agreement and agree to be bound by its terms.
- 3. I/we agree that the savings product will be provided subject to the Agreement, as specified and amended from time to time and acknowledge that the money invested is on behalf of the organisation and is not client's money unless specific authorisation to open the savings account has been obtained from the client.
- 4. I/we understand that no withdrawals can be made during the term of the Bond.
- 5. I/we agree that you may use my/our information as stated in the Agreement and where information has been provided in relation to others I/we have informed them of the privacy notice referenced in the Agreement.
- 6. I/we confirm that I am/we are eligible to apply for this savings account and that the information provided as part of the account opening is true and accurate and I/we will inform you immediately if the organisation's circumstance change during the term of the savings account.
- 7. I/we authorise you to act on the instructions of any one of the signatories (including any one of the signatories being able to withdraw on the savings account) and I/we agree I/we will not hold you responsible if the organisation suffers a loss as a result of you acting on the authority and instructions of the signatories.
- 8. I/we confirm that the signatories are authorised to act on behalf of the organisation and will tell you immediately in writing if the signatories are to be changed or removed.
- 9. I/we understand that the Agreement is legally binding and is enforceable under the laws of England and Wales.

### PLEASE SIGN BELOW

The below individuals must have provided details in Section 3 of this form.

1st Organisa	tion Director/Controller	2nd Organi	sation Director/Controller
Signature		Signature	
Date		Date	
Name		Name	
Position		Position	

• Once complete, please return the application to the address below.

If you are making your opening deposit via cheque please also send this with your completed application.

#### 🌐 ccbank.co.uk 🛛 🕲 0344 225 3939 🗉 🖂 savings@ccbank.co.uk

#### 🕐 Cambridge & Counties Bank, Charnwood Court, 5B New Walk, Leicester LE1 6TE

Cambridge & Counties Bank Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under firm registration number 579415. Our authorisation can be checked at the Financial Services Register at www.fca.org.uk.

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