

Key: **1** = Important **1** = For your information

## Notice account application form

#### This form is for:

#### 7 11113 101111 13 101

Other mutual societies

Credit unions

#### 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.

#### Section

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## Which account are you applying for?

Please tick your selected account

Credit union notice account paying **4.05%** Gross/AER (monthly 3.977%) Variable (Issue 8). Minimum initial deposit of £10,000 and maximum overall deposit of £3m.

**Deposit amount** 

I/We would like to invest:

est: £

- 1 This must be within the relevant minimum/maximum deposit amount highlighted in Section 1.
- Client funds are not accepted as a deposit.

# 2 Your organisation

Where has this deposit come from? (tick all that apply)	Existing savings Trading income / Capital injection / Proceeds of a sale
(tick all trial apply)	Investment Compensation / Settlement Donation / Subscriptions
	Other (please provide details)
How will you make your opening deposit?	<ul> <li>We may ask you to provide additional information such as your most recent annual accounts, to verify your source of funds.</li> <li>Electronic transfer</li> <li>Cheque</li> <li>The cheque must be made payable to the organisation name as outlined in Section 2 and the cheque must show the account number and sort code to verify the account. The cheque must be included with your application form.</li> </ul>
Organisation name	
0	This must match your nominated current account name in <b>Section 7</b> .
Organisation trading name	(if different to above)
Registered address	
registered dadress	Postcode Postcode
Trading address	(if different to Registered address above)
	Postcode
Organisation contact individual	Title Forename(s) Surname
	Full details of this individual must be provided in <b>Section 3 or 4</b> .
Organisation contact number(s)	or
(in order of preference)	
Organisation contact email address	
•	This is how we will usually contact the organisation about the account e.g. changes to the account or terms $\boldsymbol{\vartheta}$ conditions
Main activity of organisation	Credit union
Organisation turnover/income for last full financial year	E Date last full financial year ended DDMMMYYY
Total net current assets for organisation	£ Number of employees excl. volunteers/unpaid staff

Date of Company Μ number incorporation of 10 (cont.) **FCA** number Does this organisation If yes, please provide No already have an account with account number Cambridge & Counties Bank? Does this organisation If yes, please state No operate in any countries which countries outside the UK? Is the organisation, and are any related entities, incorporated in the UK and Yes No liable for tax in the UK only?

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.

- 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.
- **1** 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

## 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 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. Chairpers	on, Financial Controller/Treasurer			
Name	Title	Forename(s)	Surname		
Personal address (if different to address detailed in section 2)		Postcode			
Personal email address					
Personal mobile number		National Insurance Number			
Date of birth		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		No If yes, please provide account number			
Is this individual to be a signatory on this accoun	Yes t:	No If yes, please sign here			
Individual 2					
Role/Position	e.g. Chairpers	on, Financial Controller/Treasurer			
Name	Title	Forename(s)	Surname		
Personal address					
		Postcode			
Personal email address					
Personal mobile number		National Insurance Number			
Date of birth		M Y 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 If yes, please provide account number			
Is this individual to be a signatory on this accoun	Yes t?	No If yes, please sign here			

## About the individuals who will run this account

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

• 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 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 res	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	Posterda DO			
Personal email address	Postcode			
Personal mobile number	National Insurance Number			
Date of birth	D D M M Y 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				
Signature				

## Other individuals in your organisation

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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.

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

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#### **Additional individuals**

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

① 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)		Surname
Organisation (if applicable)				
Personal address				
			Postcode	
Personal email address				
Personal contact number			Date of bi	irth DDMMYY
Is this individual alread	YAS	I NO I	s, please provide	

Cambridge & Counties Bank?

## Your interest and nominated current account

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#### **About your interest and statements**

Interest is credited to you	r account on either a monthly or annual basis.
Please tick to specify the f	frequency of the interest on your account. Annual Monthly
Please tick here if you wo	uld prefer the interest (see Section 1) to be paid into the nominated current account.
Interest will be paid without	ut the deduction of tax (Gross). The organisation will need to pay any tax that may be owed to HMRC.
	annually on the anniversary of your account opening. If you would like them ic month e.g. in line with your year end, please specify which month here.
- '	current account  rawals must be made to/from the nominated current account. This can be with any UK bank or nust 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

## Data about you and connected individuals

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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. Associations between joint applicants may be created at credit reference agencies.

You can find our full Privacy Notice, explaining how we use personal information and what rights there are in relation to it, at <a href="mailto:ccbank.co.uk/privacy-notice">ccbank.co.uk/privacy-notice</a>. 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:

**Section** 

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## **About the Financial Services Compensation Scheme (FSCS)**

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, 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 savings@ccbank.co.uk

Alternatively, you can contact the FSCS directly on 0800 678 1100 or visit www.fscs.org.uk



#### **Declaration**

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#### 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 withdrawals can only be made by serving the full notice period for the savings account.
- 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

**Position** 

1st Organisation Director/Controller

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

Signature		
Date	D D M M Y Y	
Name		

Signature	
Date	
Name	
Position	

① 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.

O 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.