

Fixed rate bond application form

i This form is for:

- Credit unions
- Other mutual societies

Before you begin:

i 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

1 Which account are you applying for?

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Please tick your selected account

- 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 **5.00%** Gross/AER Fixed (Issue 73).
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

I/We would like to invest:

£

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

2 Your organisation

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Where has this deposit come from?

(tick all that apply)

Existing savings

Trading income / profit

Capital injection / loan

Proceeds of a sale

Investment

Compensation / settlement

Donation / grant / subscriptions

Other (please provide details)

How will you make your opening deposit?

! We may ask you to provide additional information, such as your most recent annual accounts, to verify your source of funds.

Electronic transfer



Your opening deposit should be made in one payment and must come from your nominated current account as detailed below. This can be made either by electronic transfer or cheque.

Cheque



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.

Organisation name

Organisation trading name

Registered address

Postcode

Trading address

Postcode

Organisation contact individual

Organisation contact number(s)

(in order of preference)

or

Organisation contact email address

i This is how we will usually contact the organisation about the account e.g. changes to the account or terms & conditions

Main activity of organisation

Organisation turnover/income for last full financial year

Date last full financial year ended

Total net current assets for organisation

Number of employees

excl. volunteers/unpaid staff

Date of incorporation

D	D	M	M	Y	Y
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Company number

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FCA number

Does this organisation already have an account with Cambridge & Counties Bank?

Yes No

If yes, please provide account number

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Does this organisation operate in any countries outside the UK?

Yes No

If yes, please state which countries

Is the organisation, and are any related entities, incorporated in the UK and liable for tax in the UK only?

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.

i 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.

i 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.

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, 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

Name

Personal address
(if different to address detailed in section 2)

Postcode

Personal email address

Personal mobile number **National Insurance Number**

Date of birth **Nationality**

Is this individual a UK resident and pays tax in the UK only? Yes No

Is this individual already named on an account with Cambridge & Counties Bank? Yes No If yes, please provide account number

Is this individual to be a signatory on this account? Yes No If yes, please sign here

Individual 2

Role/Position

Name

Personal address

Postcode

Personal email address

Personal mobile number **National Insurance Number**

Date of birth **Nationality**

Is this individual a UK resident and pays tax in the UK only? Yes No

Is this individual already named on an account with Cambridge & Counties Bank? Yes No If yes, please provide account number

Is this individual to be a signatory on this account? Yes No If yes, please sign here

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**.

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

Individual 1

Role/Position

Name

Personal address
 Postcode

Personal email address

Personal mobile number **National Insurance Number**

Date of birth **Nationality**

Is this individual a UK resident and pays tax in the UK only? Yes No

Is this individual already named on an account with Cambridge & Counties Bank? Yes No If yes, please provide account number

Signature

Individual 2

Role/Position

Name

Personal address
 Postcode

Personal email address

Personal mobile number **National Insurance Number**

Date of birth **Nationality**

Is this individual a UK resident and pays tax in the UK only? Yes No

Is this individual already named on an account with Cambridge & Counties Bank? Yes No If yes, please provide account number

Signature

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.

! 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		

6 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

Organisation
(if applicable)

Personal address

Postcode

Personal email address

Personal contact number **Date of birth**

Is this individual already named on an account with Cambridge & Counties Bank? Yes No **If yes, please provide account number**

7 Your interest and nominated current account

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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	<input type="text"/>
Account name	<input type="text" value="e.g. Credit Union"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

8 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 ccbank.co.uk/privacy-notice. 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

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)

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 savings@ccbank.co.uk

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



Protected

10 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 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 Organisation Director/Controller

Signature

Date

Name

Position

2nd Organisation Director/Controller

Signature

Date

Name

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.