

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

Fixed rate bond application form

This form is for:

Before you begin:

- Credit unions
- Other mutual societies
- 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

Which account are you applying for?

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Please tick your	6 month fixed rate bond
selected account	Credit union bond paying 4.90% Gross/AER Fixed (Issue 8). Minimum deposit £10k and maximum deposit £5m.
	1 year fixed rate bond
	Credit union bond paying 5.10% Gross/AER Fixed (Issue 74) Minimum deposit £10k and maximum deposit £5m.
	18 month fixed rate bond
	Credit union bond paying 4.90% Gross/AER fixed (Issue 10) Minimum deposit £10k and maximum deposit £5m.
	5 year fixed rate bond
	Credit union bond paying 4.60% Gross/AER Fixed (Issue 37) Minimum deposit £10k and maximum deposit £5m.

Deposit amount

I/We would like to invest:

£

- 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

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	Where has this

Where has this deposit come from? (tick all that apply)	Existing savings Investment	Trading income / profit Compensation / settlement	Capital injection / loan Donation / grant / subscriptions	Proceeds of a sale
	Other (please provide details)			
How will you make your opening deposit?	transfer curre Cheque The conception of the con		one payment and must come an be made either by electro organisation name as outlin	e from your nominated nic transfer or cheque. ed in Section 2 and the
Organisation name				
Organisation trading name	(if different to above)			
Registered address		Postc	ode	
Trading address	(if different to Registered add	dress above)	ode	
Organisation contact individual	Title Forename(s)		Surname	
Organisation contact number(s) (in order of preference)		or		
	This is how we will usually corterms & conditions	ntact the organisation about	the account e.g. chan	ges to the account or
Main activity of organisation	Credit union			
Organisation turnover/income for last full financial year	£	Date last full financia year ended	al DD	M M Y Y
Total net current assets for organisation	£	Number of employe excl. volunteers/unpaid sta		

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

• 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

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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	a chairmaran Financial Controller/Transurer
Role/Position	e.g. Chairperson, Financial Controller/Treasurer
Name	Title Surname (s)
Personal address (if different to address detailed in section 2)	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	
Is this individual to be a signatory on this accoun	Yes No If yes, please sign here
Individual 2	
Role/Position	e.g. Chairperson, Financial Controller/Treasurer
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	
Is this individual to be a signatory on this accoun	Yes 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))		Surnar	me		
Personal address								
				Postcode				
Personal email address								
Personal mobile number			National Insuranc Number	e				
Date of birth		M Y	Y Nationalit	у [
Is this individual a UK res	sident and pay	s tax in the UK	only? Yes	No				
Is this individual already named on an account wit Cambridge & Counties Ba	_	No	If yes, please provaccount number	vide				
Signature								
Individual 2								
Role/Position	e.g. Finance	Officer						
Name	Title	Forename(s)		Surnar	ne		
Personal address								
				Postcode				
Personal email address								
Personal mobile number			National Insuranc Number	e				
Date of birth		M Y	Y Nationalit	у				
Is this individual a UK res	sident and pay	s tax in the UK	only? Yes	No 📗				
Is this individual already named on an account wit Cambridge & Counties Ba		No	If yes, please provaccount number	vide				
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.

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 bir	th DDMMYY
Is this individual alread	YES	No	If yes, please	·	

Cambridge & Counties Bank?

Your interest and nominated current account

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About your interest and statements

	ond or less, interest is credited to the account on maturity. For Bonds with a term of more than 1 year, e account annually on the anniversary of the Bond opening, and also then on maturity.
Please tick here if you w	rould prefer interest to be paid into the nominated current account.
Interest will be paid with	out the deduction of tax (Gross). The organisation will need to pay any tax that may be owed to HMRC.
T I	
The nominated	current account
	drawals must be made to/from the nominated current account. This can be with any UK bank or 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
Data abou	it you and connected individuals
(e.g. Directors, Sharehol use the contact details popen the account, many information you provide necessary to administer longer. To prevent crimithird parties will be shar information for the purpadditional individuals are process the data for the	Bank Limited hold and use your personal information and information about connected individuals ders, Trustees, Beneficiaries) in accordance with the UK General Data Protection Regulation. We will provided to get in touch regarding the account with us. We will use the information on this form to age it and tailor the service we offer as well as make checks and seek any verifications needed. The e us with, or is collected by the Bank during our dealings with each other, is kept for as long as is any contractual relationships with us, or for as long as regulation or the law says we have to, if that's nal activities, information captured on this form and obtained from Credit Reference Agencies or other ed with relevant agencies who may keep a record of it. These agencies will also give us electoral roll pose of verifying the identities of significant persons to this application, which we will retain. Where the identified as part of this process (e.g. Undisclosed Directors, Ultimate Beneficial Owners) we will prevention and detection of crime. If criminal activity is identified, any details we hold will be passed at Associations between joint applicants may be created at credit reference agencies.
at ccbank.co.uk/privacy	vacy Notice, explaining how we use personal information and what rights there are in relation to it, -notice . If you are providing information regarding other individuals, you must make sure they are tice referenced above. If you have any questions or require further information, please get in touch
Write: Data Pro	tection Officer, Cambridge & Counties Bank, Charnwood Court, 5B New Walk, Leicester LE1 6TE
© Call: 0344 22	5 3939
≡ Email : dataprot	ection@ccbank.co.uk
By signing this documer Privacy Notice.	nt, you are declaring that you have read and understood both the above summary and our full
Would you like to hear f	rom us?
	are information with you about account launches and news from Cambridge & Counties Bank. is information, please tick the ways in which you would like to hear from us:
Post Telephone	Email

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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

1 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

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

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

1st (Organi	isation	D	irecto	or/(Cont	roll	ler

Signature			



Name

Position

2nd Organisation Director/Controller

Signature			

Date D D M M Y Y

Name

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.

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

Position



📀 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.