

# Application Form for Club/Charity/Corporate Company Deposit Accounts



Protected



Account Number:

Please ensure that all details are completed in full in **BLOCK CAPITALS** and tick boxes where applicable. This application form should be completed using **BLACK INK**. Boxes marked with an asterisk(\*) must be completed. Failure to complete these boxes will result in the application form being returned to you.

## Name of Club/Charity/Corporate Company

## Correspondence Address

Address:

Post Town:

County:

Postcode:

Company/FCA/PRA/Charities Commission

Registration Number:

Nature of Business:

Year of Incorporation:

Website Address:

## Details of Signatories

### Signatory 1

\*Title (Mr/Mrs/Miss/Ms/other)

\*D.O.B

Please complete in full

\*Forename:

\*Surname:

\*Address:

\*Post Town:

\*County:

\*Postcode:

Tel: Home:

Tel: Work:

Tel: Mobile:

Email:

NI Number:

\*Nationality:

\*Country of residence:

### Signatory 2

\*Title (Mr/Mrs/Miss/Ms/other)

\*D.O.B

Please complete in full

\*Forename:

\*Surname:

\*Address:

\*Post Town:

\*County:

\*Postcode:

Tel: Home:

Tel: Work:

Tel: Mobile:

Email:

NI Number:

\*Nationality:

\*Country of residence:

### Signatory 3

\*Title (Mr/Mrs/Miss/Ms/other)

\*D.O.B

Please complete in full

\*Forename:

\*Surname:

\*Address:

\*Post Town:

\*County:

\*Postcode:

Tel: Home:

Tel: Work:

Tel: Mobile:

Email:

NI Number:

\*Nationality:

\*Country of residence:

### Signatory 4

\*Title (Mr/Mrs/Miss/Ms/other)

\*D.O.B

Please complete in full

\*Forename:

\*Surname:

\*Address:

\*Post Town:

\*County:

\*Postcode:

Tel: Home:

Tel: Work:

Tel: Mobile:

Email:

NI Number:

\*Nationality:

\*Country of residence:

What is your preference as to how you are contacted, ie telephone, mobile, email or post:

**Withdrawal Instructions:** The Society requires at least two persons to sign all notices of withdrawal

Withdrawals to be paid on:  Any two  Any three  All four of all signatures of the officials named on Page 1

Which Account type would you like to open?  Initial Deposit £   
**Make cheques payable to your Club/Charity/ Corporate Company**

For accounts with a choice of monthly or annual interest please tick your preferred option: Monthly  Or Annual

**Method of Interest Payment**

Add interest to account

Transfer to other Leek United account  Please give account number

Transfer to Bank Account

Name of Bank  Bank Sort Code  -  -

Bank Account Number  Account Holder

Roll or Reference Number

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**IF YOU ARE OPENING AN ACCOUNT ON BEHALF OF A LOCAL AUTHORITY, PLEASE COMPLETE THE SECTION BELOW.**

**Type of Organisation - Local Authority**

**Criteria** (covered by FSCS)

\*Annual Budget does not exceed £396,950

\*Annual Budget is the budget that has been approved by your councils relevant governing body for your current accounting year.

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**\*Is this organisation resident for tax purposes only in the UK?**

Yes  No

If "No", you will need to complete a separate tax residency self certification form.

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**Identification**

To comply with regulations, to reduce the risk of fraud and to help safeguard your investment we require you to provide proof of your identification and of the organisation you represent. Existing customers may not need to verify their identity. Detailed below are the types of identification that are required. Two forms of identification are required for each organisation.

**Corporate Bodies:** Companies House Registration (mandatory), Certificate of Incorporation, Corporate Insurance Certificate (most recent), HMRC Tax Return or Invoice (no older than 6 months), Public Liability Insurance (most recent), Bank Statement in the name of the Corporate body (no older than 3 months)

**Partnerships / LLP:** Corporate Insurance Certificate (most recent), HMRC Tax Return or Invoice (no older than 6 months), Public Liability Insurance (most recent), Bank Statement in the name of the Partnership/LLP (no older than 3 months), Certified copy of the Partnership Deed

**Charities:** Charities Commission Registration Number (mandatory), Bank Statement in the name of the Charity (no older than 3 months), Corporate Insurance Certificate (most recent), Public Liability Insurance (most recent), Proof of Affiliation to a National Charity

**Solicitors:** Solicitors Regulation Authority Number (mandatory), Corporate Insurance Certificate (most recent), HMRC Tax Return or Invoice (no older than 3 months), Public Liability Insurance (most recent), Solicitors are also obliged to verify the identity of their clients, Bank Statement in the name of the Solicitors (no older than 3 months)

**Sole Traders:** HMRC Tax Return or Invoice (latest version), Public Liability Insurance (most recent), Bank Statement in the name of the sole trader (no older than 6 months)

**Unincorporated Bodies, Clubs or Societies:** HMRC Tax Return or Invoice (no older than 3 months), Public Liability Insurance (most recent), Bank Statement in the name of the club or society (no older than 3 months)

## DATA PROTECTION LEGISLATION

The Data Controller is Leek United Building Society, whose principal office is 50 St Edward Street, Leek, Staffordshire, ST13 5DL.

The information you are supplying will be held by the Society and used for market research purposes, developing goods and services, statistical and business analysis, customer servicing, and administration. Your information may be passed to other companies within the Leek United group for the purposes stated above.

This information may be held during the life of the account and for administration reasons after the account has closed.

Under data protection legislation you are entitled to receive a copy of personal information held about you, have inaccurate data corrected, restrict the purposes for which your personal data is used and in certain circumstances the right to your data being erased. Further information regarding how we manage your data can be found within our Privacy Notice which can be found at [leekunited.co.uk/privacy/](http://leekunited.co.uk/privacy/), or alternatively can be requested from any of our branches or by writing to the address above.

If you would like to obtain information held about you, please write to the address above.

## MARKETING PREFERENCES

We would like to use the contact details you provide us to keep you up to date with our latest news and offers, ranging from Member benefits through to information on our products and services we feel may be of interest to you. We'll always treat your personal details with the greatest of care, and will never pass them onto any other companies for Marketing purposes. If you would like to receive Marketing promotions from us, just tick any of the following, as we want to contact you via your preferred channels:

<b>Applicant 1</b>	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	SMS	<input type="checkbox"/>
<b>Applicant 2</b>	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	SMS	<input type="checkbox"/>
<b>Applicant 3</b>	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	SMS	<input type="checkbox"/>
<b>Applicant 4</b>	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

See our privacy policy, [leekunited.co.uk/privacy/](http://leekunited.co.uk/privacy/), for more about how we use your information. Don't forget you can opt out of marketing at any time by telephone, email or visiting one of our Branches.

## Declaration

- (a) We confirm that we have read the product literature relating to the account we are opening, and that we have received and read the Statement of Practice: Investors Document and agree to be bound by the terms and conditions and the Rules of the Society (copies of which are available on request) and any subsequent Terms and Conditions specific to the product we have chosen and rules applicable at that time.
- (b) We confirm that we are aware that the type of account we are opening is a Deposit account.
- (c) We are investing the money on behalf of the Club/Charity or Corporate Company and we do not hold it as trustee or nominee.
- (d) We confirm this information is correct and we understand that we may request in writing, a copy of the details which are held about us by the Society.

**We agree to the terms and conditions of the account and the Rules of the Society, a copy of which is available on request.**

I confirm I have received the Financial Services Compensation Scheme Information and Exclusions Sheet.

<b>Signatory 1</b>	<input type="text"/>	<b>Signatory 2</b>	<input type="text"/>
<b>Date</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Signatory 3</b>	<input type="text"/>	<b>Signatory 4</b>	<input type="text"/>
<b>Date</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>

## OFFICE USE ONLY - Confirmation of Identity

### Signatory 1

ID Type	Reference Number	Chk By
ID1		
ID2		
ID3		

CALL ML: Verified  Refer

CALL ML Reference

### Signatory 2

ID Type	Reference Number	Chk By
ID1		
ID2		
ID3		

CALL ML: Verified  Refer

CALL ML Reference

### Signatory 3

ID Type	Reference Number	Chk By
ID1		
ID2		
ID3		

CALL ML: Verified  Refer

CALL ML Reference

### Signatory 4

ID Type	Reference Number	Chk By
ID1		
ID2		
ID3		

CALL ML: Verified  Refer

CALL ML Reference

### Application

ID Type	Reference Number	Chk By
ID1		
ID2		
ID3		

### AML Confirmation

Corporate Id confirmed and evidence attached

Identity of officers confirmed and evidence attached  
(Print out CALL ML where appropriate)

Correct Account Type opened

Summit Records Checked

Savings Department - AML and Account Details Checked

Checked by

Approved by Branch Manager