Application for Local Councils

www.bucksbs.co.uk

BUCKINGHAMSHIRE BUILDING SOCIETY

Please note, all sections of this form are mandatory

To open this account you will need: (please tick)

Photocopy of suitable identification for all Authorised Signatories (as listed in our Identification Leaflet)	☐
A fully completed application form	☐
A copy of the Council's constitution	☐
An extract of the minutes or resolution confirming the decision to open the account and the authorised signatories	☐

Send these documents to:

Buckinghamshire Building Society, High Street, Chalfont St Giles, HP8 4QB

Tel: 01494 879500

Your Investment

We wish to invest the sum of £ _____ into the following account: ☐ Local Council Easy Access Tracker

Interest is to be paid: ☐ Annually into the account ☐ Annually to the bank below

Please provide the following details:	
Source of Funds: *For example, council reserves, grant funding, council precept income etc.*	
Approximate amount to be saved:	☐ £20,000 - £99,999 ☐ £100,000 - £250,000 ☐ Over £250,000
How often will you use the account?	☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

Your Organisation

Nature of Council ☐ Parish ☐ Town ☐ Community (Wales)

FSCS Eligibility

☐ Annual budget under EUR 500,000.00 ☐ Annual budget over EUR 500,000.00

Council Name			
Council Address:		Postcode:	
Correspondence Address (*if different*):		Postcode:	

IMPORTANT: You must have an existing bank account in the name of the organisation to open the account. We will request a bank statement to evidence the account.

Name and Address of Bank:		Postcode:	
Account Number:		Sort Code:	

Authorised Signatories

If you require more than 4 signatories, please fill out the 'Authorised Signatories' section of an additional application form.

Signatory 1

Please note, Signatory 1 will be the primary contact on this account.

Title:		Surname:	
Forename(s):			
Date of Birth:		Nationality:	
Residential Address:			
		Postcode:	
Position in Council:			
Telephone (day):		Mobile:	
Email:			

Tax Residency:

Do you hold tax residency status in any country besides the United Kingdom? ☐ Yes ☐ No

If yes, *please note we are unable to open accounts for individuals who hold tax residency status in any other country, despite also being a UK tax resident.*

Do you hold UK citizenship only? ☐ Yes ☐ No

Are you (or are you related to or have a close association with someone who is) in a prominent position in public life? (head of Government, member of judiciary, high ranking member of the services or senior in state owned enterprise) ☐ Yes ☐ No

If yes, please provide details

Signatory 2

Title:		Surname:	
Forename(s):			
Date of Birth:		Nationality:	
Residential Address:			
		Postcode:	
Position in Council:			
Telephone (day):		Mobile:	
Email:			

Tax Residency:

Do you hold tax residency status in any country besides the United Kingdom? ☐ Yes ☐ No

If yes, *please note we are unable to open accounts for individuals who hold tax residency status in any other country, despite also being a UK tax resident.*

Do you hold UK citizenship only? ☐ Yes ☐ No

Are you (or are you related to or have a close association with someone who is) in a prominent position in public life? (head of Government, member of judiciary, high ranking member of the services or senior in state owned enterprise) ☐ Yes ☐ No

If yes, please provide details

Authorised Signatories

If you require more than 4 signatories, please fill out the 'Authorised Signatories' section of an additional application form.

Signatory 3

Title:		Surname:	
Forename(s):			
Date of Birth:		Nationality:	
Residential Address:			
		Postcode:	
Position in Council:			
Telephone (day):		Mobile:	
Email:			

Tax Residency:

Do you hold tax residency status in any country besides the United Kingdom? ☐ Yes ☐ No

If yes, *please note we are unable to open accounts for individuals who hold tax residency status in any other country, despite also being a UK tax resident.*

Do you hold UK citizenship only? ☐ Yes ☐ No

Are you (or are you related to or have a close association with someone who is) in a prominent position in public life? (head of Government, member of judiciary, high ranking member of the services or senior in state owned enterprise) ☐ Yes ☐ No

If yes, please provide details

Signatory 4

Title:		Surname:	
Forename(s):			
Date of Birth:		Nationality:	
Residential Address:			
		Postcode:	
Position in Council:			
Telephone (day):		Mobile:	
Email:			

Tax Residency:

Do you hold tax residency status in any country besides the United Kingdom? ☐ Yes ☐ No

If yes, *please note we are unable to open accounts for individuals who hold tax residency status in any other country, despite also being a UK tax resident.*

Do you hold UK citizenship only? ☐ Yes ☐ No

Are you (or are you related to or have a close association with someone who is) in a prominent position in public life? (head of Government, member of judiciary, high ranking member of the services or senior in state owned enterprise) ☐ Yes ☐ No

If yes, please provide details

Personal Information

Buckinghamshire Building Society is committed to protecting your privacy and keeping your personal information secure. When you register an enquiry or complete an application form, you are authorising the Society to collect your personal information to process and operate your account(s). The Society does not share your data with any other organisation for marketing or promotional purposes. Our Privacy Notice is available on our website or you can ask us to send you a copy.

Keeping You Informed

In order to provide you with the service you require, Buckinghamshire Building Society will use your contact details to provide you with information about your account and the Society. We will not share this information with any third parties. Please tick one preferred contact method:

Signatory 1	☐ Email	☐ Telephone/SMS	☐ Post	**Signatory 2**	☐ Email	☐ Telephone/SMS	☐ Post
Signatory 3	☐ Email	☐ Telephone/SMS	☐ Post	**Signatory 4**	☐ Email	☐ Telephone/SMS	☐ Post

Marketing Preferences

We'd love to keep you updated about important information like our latest savings account rates, community initiatives and new mortgage products. If you would like us to send you marketing communications, please tick at least one box below (you can tick all three):

Signatory 1	☐ Email	☐ Telephone/SMS	☐ Post	**Signatory 2**	☐ Email	☐ Telephone/SMS	☐ Post
Signatory 3	☐ Email	☐ Telephone/SMS	☐ Post	**Signatory 4**	☐ Email	☐ Telephone/SMS	☐ Post

Customer Declaration

(i) I/We declare that we have received and read the account Terms and Conditions, the Savers General Terms and Conditions, and agree to be bound by the Rules of the Society (Available on request).

(ii) I/We certify that I/we have the authority to invest money and operate this account on behalf of the named organisation.

(iii) I/We declare that funds held in this account belong to the Council and will be used solely for the Council's statutory functions and objectives.

(iv) I/We understand that evidence of identification is required for the organisation as stated in the identification leaflet, for all authorised signatories to the account. I/We agree that the Society can use an electronic identification system to confirm their identity and that further evidence must also be provided. This is to prevent fraud.

(v) I/We undertake to advise Buckinghamshire Building Society of any changes in circumstances which affect my/our tax residency status.

(vi) I/We declare that I/we have completed this application form to the best of my/our knowledge and belief.

(vii) I/We agree to inform the Society immediately in writing if there is a change to any of the authorised signatories.

(viii) I/We agree that the Society may act on instructions agreed by the organisation and is not required to enquire into the correctness, validity or completeness of instructions in the application.

(ix) I/We acknowledge that we have received and read the FSCS information sheet and exclusion list.

Your account must be operated by a minimum of two signatories. Please tell us how many signatures will be required to operate this account.

☐ 2 ☐ 3 ☐ 4 ☐ all signatories

Signature 1:	Date:	Signature 2:	Date:
Signature 3:	**Date:**	**Signature 4:**	**Date:**

For office use only

Customer Number ☐☐☐☐☐☐ Book Number ☐☐☐☐☐☐ Account Number ☐☐☐☐ – ☐☐☐☐☐ – ☐

CKSR Memo? *(if applicable)* ☐ Yes ☐ No