Application for Company Accounts

www.bucksbs.co.uk

BUCKINGHAMSHIRE BUILDING SOCIETY

Please note, all sections of this form are mandatory

Your Investment

We wish to invest the sum of £ _____ into the following account: ☐ Business 35 Day Notice Tracker

Interest is to be paid monthly into a nominated bank account.

Please provide the following details:	
Origin of Funds: *For example, trading income, retained profits, sale of a business asset such as property, land, equipment, member subscriptions, grants, donations etc.*	
Approximate amount to be saved:	☐ £20,000 - £99,999 ☐ £100,000 - £250,000 ☐ Over £250,000
What is the origin of the extra funds	
How often will you use the account?	☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually
What is the purpose of the savings account?	

Your Organisation

Type of Organisation: ☐ Sole Trader ☐ Partnership/LLP ☐ Limited Company ☐ Club ☐ Society ☐ Association

Is the Club/Society/Association... ☐ Incorporated? ☐ Unincorporated?

Company/FCA/Other Registration Number (if applicable) _____

Business Classification: If you are a **public or private ltd company**, what is the size of your organisation?

☐ **Micro** - Employs fewer than 10 persons and whose annual turnover and/or balance sheet total does not exceed EUR 2 million

☐ **Small** - Employs fewer than 50 persons and whose annual turnover and/or balance sheet total does not exceed EUR 10 million

☐ **Medium** - Employs fewer than 250 persons, whose annual turnover does not exceed EUR 50 million and whose balance sheet total does not exceed EUR 43 million

Organisation Name *(and trading name if applicable)*:			
Nature of Organisation:			
Registered/Organisation Address:		Postcode:	
Trading/Operating Address *(if different)*:		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:	
Account Name:			

Key Individuals

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

Please provide full details of all key individuals. This includes all individuals who own or control over 25% of shares, capital, profits or voting rights; officers, trustees and individuals who control the management of the organisation and all authorised signatories on the account.'

Key Individual 1

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

Title:		Surname:	
Forename(s):			
National Insurance Number:		Date of Birth:	
Country of Birth:		Nationality:	
Permanent Residential Address:			
		Postcode:	
Have you lived at this address for more than 12 months?	☐ Yes ☐ No		
If no, please provide your Previous Residential Address:			
		Postcode:	
How long did you live at this address?			
Position in Organisation:			
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

People of Significant Control:

Do you own or control over 25% of the shares/capital/profits or voting rights in the organisation? ☐ Yes ☐ No

If yes, please state the percentage:

Do you exercise control over the management of the organisation? ☐ Yes ☐ No

Will you be a signatory on the account? ☐ 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

Key Individual 2

Title:		Surname:	
Forename(s):			
National Insurance Number:		Date of Birth:	
Country of Birth:		Nationality:	
Permanent Residential Address:			
		Postcode:	
Have you lived at this address for more than 12 months?	☐ Yes ☐ No		

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Key Individuals

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

Please provide full details of all key individuals. This includes all individuals who own or control over 25% of shares, capital, profits or voting rights; officers, trustees and individuals who control the management of the organisation and all authorised signatories on the account.'

Key Individual 2

If no, please provide your Previous Residential Address:			
		Postcode:	
How long did you live at this address?			
Position in Organisation:			
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

People of Significant Control:

Do you own or control over 25% of the shares/capital/profits or voting rights in the organisation? ☐ Yes ☐ No

If yes, please state the percentage:

Do you exercise control over the management of the organisation? ☐ Yes ☐ No

Will you be a signatory on the account? ☐ 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

Key Individual 3

Title:		Surname:	
Forename(s):			
National Insurance Number:		Date of Birth:	
Country of Birth:		Nationality:	
Permanent Residential Address:			
		Postcode:	
Have you lived at this address for more than 12 months?	☐ Yes ☐ No		
If no, please provide your Previous Residential Address:			
		Postcode:	
How long did you live at this address?			
Position in Organisation:			
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.*

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Key Individuals

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Key Individual 3

Do you hold UK citizenship only? ☐ Yes ☐ No

People of Significant Control:

Do you own or control over 25% of the shares/capital/profits or voting rights in the organisation? ☐ Yes ☐ No

If yes, please state the percentage:

Do you exercise control over the management of the organisation? ☐ Yes ☐ No

Will you be a signatory on the account? ☐ 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

Key Individual 4

Title:		Surname:	
Forename(s):			
National Insurance Number:		Date of Birth:	
Country of Birth:		Nationality:	
Permanent Residential Address:			
		Postcode:	
Have you lived at this address for more than 12 months?	☐ Yes ☐ No		
If no, please provide your Previous Residential Address:			
		Postcode:	
How long did you live at this address?			
Position in Organisation:			
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

People of Significant Control:

Do you own or control over 25% of the shares/capital/profits or voting rights in the organisation? ☐ Yes ☐ No

If yes, please state the percentage:

Do you exercise control over the management of the organisation? ☐ Yes ☐ No

Will you be a signatory on the account? ☐ 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:

Key Individual 1	☐ Email	☐ Telephone/SMS	☐ Post	**Key Individual 2**	☐ Email	☐ Telephone/SMS	☐ Post
Key Individual 3	☐ Email	☐ Telephone/SMS	☐ Post	**Key Individual 3**	☐ 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):

Key Individual 1	☐ Email	☐ Telephone/SMS	☐ Post	**Key Individual 2**	☐ Email	☐ Telephone/SMS	☐ Post
Key Individual 3	☐ Email	☐ Telephone/SMS	☐ Post	**Key Individual 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 understand that evidence of identification is required for the organisation and for all beneficial owners, persons with significant control or who control the management of the organisation, officers, trustees and for all signatories to the account, as stated in the relevant Identification leaflet.

(iv) I/We agree that the Society can use an electronic verification system to confirm the identity of the organisation and individuals and that further evidence may be required. I/We undertake to advise Buckinghamshire Building Society of any changes in circumstances which affect my/our tax residency status.

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

(vi) I/We agree to inform the Society immediately in writing of any changes to the authorised signatories, legal ownership of the organisation, registered/trading/operating address, beneficial owners, directors, partners, principles, officers, trustees, any person with significant control or any person who controls the management of the organisation.

(vii) 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.

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

Number of signatures required for withdrawals: ☐ any 1 ☐ 2 ☐ 3 ☐ 4 ☐ all signatories

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

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

Suitable identification for the organisation and individuals as listed in the relevant Identification leaflet ☐

A cheque made payable to the organisation drawn from a bank account in the name of the organisation. ☐

A fully completed application form ☐

Send these documents to:

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

Tel: 01494 879500

For office use only

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

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

How was the application submitted? ☐ In Person ☐ Via Post ☐ Through a Financial Adviser