

Maturity Renewal Form - what would you like to do?



Re-deposit your funds with Saffron (complete A)

Transfer funds elsewhere (complete B)

If applicable please tick and fill in sections A&B

Customer Name

Account Number

A) Product **Opening Amount (£)**

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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Transfer to existing account

Other accounts are available at saffronbs.co.uk/savings/

We reserve the right to re-identify you via an online search facility. The information provided in the application may be shared with fraud prevention agencies. Further details can be found in our terms and conditions and Customer Privacy Notice.

B)

Select	Action	Total Balance
<input type="checkbox"/>	Issue a cheque payable to me/us:	<input type="text" value="Balance / Remainder of funds"/>
<input type="checkbox"/>	Transfer balance to my bank account:	<input type="text" value="Balance / Remainder of funds"/>

Sort Code:

Account number:

I can confirm that no details have changed since the opening of my account. **Please contact us if any of your information has changed call 0800 072 1100.**

This is our standard customer agreement upon which we intend to rely. For your own benefit and protection you should fully read the declarations on this application form and the terms and conditions on the account that you wish to open. You should do this before signing this application form. If you do not understand any of the points please ask us for further information. You are confirming the receipt of the Financial Services Compensation Scheme Information and Exclusions list.

Please sign once you have completed all the relevant section(s).

Customer 1 Signature

Customer 2 Signature

Date of Signature

Date of Signature