## Savings Application Form

Account number

Branch

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I/We enclose $\mathfrak{L}$ To open the following account					
For full terms and conditions and identification please refer to the appropr	riate leaflets.				
Please complete in ink all sections of the form in BLOCK CAPITALS and TI an $^{\star}$ . If any of the applicants have an account with us, please give the ac	CK WHITE BOXES where provided. Please complete all sections marked with account number below:				
First Customer	Second Customer				
FIRST APPLICANT	SECOND APPLICANT				
Title*	Title*				
Mr/Mrs/Ms/ Miss/Other  Surname*	Mr/Mrs/Ms/ Miss/Other  Surname*				
Forenames* (in full)	Forenames* (in full)				
Date of Birth*	Date of Birth*				
Country of Birth*	Country of Birth*				
Place of Birth*	Place of Birth*				
Gender* Male Female Civil Civil	Gender* Male Female Civil				
Status* Single Married Partnership	Status* Single Married Partnership				
Living with Partner Widowed Separated/ Divorced	Living with Separated/ Partner Widowed Divorced				
National Insurance Number	National Insurance Number				
Are you a permanent UK resident?*	Are you a permanent UK resident?*				
Are you a Citizen of the UK only?* (If 'No' please ask us for a Self-Certification declaration form)  Yes No	Are you a Citizen of the UK only?* (If 'No' please ask us for a Self-Certification declaration form)  Yes  No				
Do you have Dual Nationality?* (If yes, please ask us for a Self-Certification declaration form)  Yes  No	Do you have Dual Nationality?* (If yes, please ask us for a Self-Certification declaration form)  Yes  No				
Are you a tax resident of the UK only?* (If 'No' Please ask for a Self-certification declaration form)  Yes  No	Are you a tax resident of the UK only?*  (If 'No' Please ask for a Self-certification declaration form)  Yes No				
Taxpayer Identification Number	Taxpayer Identification Number				
(If applicable)	(If applicable)				
Telephone Number (Home)*	Telephone Number (Home)*				
Telephone Number (Work)*	Telephone Number (Work)*				
Telephone Number (Mobile)*	Telephone Number (Mobile)*				
Email*	Email*				
Preferred contact method* Home Work Mobile Email	Preferred contact method* Home Work Mobile Email				
Permanent Residental Address*	Permanent Residental Address*				
Postcode*	Postcode*				
Residential Status*	Residential Status*				
Property Property owned Living with with mortgage parents/family	Property   Property owned   Living with   owned outright   With mortgage   Property owned   Description   Property owned   Description   Descr				
Data manual ta animant address * [] / []	Date moved to current address * M M / Y Y Y Y				
Date moved to current address * MMM / YYYY  If time at current address is less than 3 months, please provide previous address*)	(If time at current address is less than 3 months, please provide previous address*)				
	Postcode*				
Postcode*	rosicode				
Employment Status*	Employment Status*				
Employed Employed Retired Student Student	Employed Employed Retired Student				
Occupation*	Occupation*				
Employer*	Employer*				

INTEREST OPTIONS							
Please refer to the account rules and criteria as the product may not allow The interest will be automatically added to your account. However, if you wou please fill in the details below, or if you would like funds to be sent to your not please fill in the details below, or if you would like funds to be sent to your not please fill in the details below, or if you would like funds to be sent to your not please fill in the details below, or if you would like funds to be sent to your not please fill in the details below, or if you would like funds to be sent to your not please fill in the details below, or if you would like funds to be sent to your not please fill in the details below, or if you would like funds to be sent to your not please fill in the details below, or if you would like funds to be sent to your not please fill in the details below, or if you would like funds to be sent to your not please fill in the details below, or if you would like funds to be sent to your not please fill in the details below, or if you would like funds to be sent to your not please fill in the details below.	ld like to receive your interest into another Saffron Building Society account,						
Transferred to Society Account Number							
NOMINATED BANK ACCOUNT							
NOMINATED BANK ACCOUNT DETAILS* Must be completed for all account DETAILS account DETAILS account DETAILS account DETAILS.	int openings						
Account Name	Account Number						
Bank Name	Sort Code						
FIRST APPLICANT MARKETING PREFERENCES	SECOND APPLICANT MARKETING PREFERENCES						
Saffron Building Society and its group companies (This group consists of Saffron Building Society and its subsidiaries including Crocus Home Loans Ltd) will not share or use any information about you and your account outside of the group for marketing purposes.  Do you want to receive details about the relevant products,	Saffron Building Society and its group companies (This group consists of Saffron Building Society and its subsidiaries including Crocus Home Loans Ltd) will not share or use any information about you and your account outside of the group for marketing purposes.  Do you want to receive details about the relevant products,						
services and member offers provided by Saffron Building Society and its selected partners?  Yes No	services and member offers provided by Saffron Building Society and its selected partners?  Yes No						
If Yes, you agree to be contacted regarding these types of communications by the following method(s) (please tick all applicable):  Email Letter Telephone SMS  If you later decide that you wish us to stop sending you marketing communications, you can at any time ask us to do so by phone, post, or at one of our branches.  If No, the Society and its group of companies accepts that you do not wish to receive marketing communications.	If Yes, you agree to be contacted regarding these types of communications by the following method(s) (please tick all applicable):  Email Letter Telephone SMS  If you later decide that you wish us to stop sending you marketing communications, you can at any time ask us to do so by phone, post, or at one of our branches.  If No, the Society and its group of companies accepts that you do not wish to receive marketing communications.						
HOW WE USE YOUR DATA							
When you open an account we are required by law to confirm your identity. We will ask you to provide proof of your identity and current residential address.  We will also seek to validate your identity and residence via an online search facility using information held by Credit Reference Agencies including the Electoral Register and any database (public or otherwise) to which the Credit Reference Agencies have access. They may also use your details in the future to assist other companies for verification purposes. A record of this search will be retained.  In order to prevent or detect fraud, the personal information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your	identity. If fraud is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found in our Customer Privacy Notice.  We will share your data with regulatory bodies, such as HMRC, where we are required to do so by any regulations or legislation with which we are obliged to comply.  Any information about you and your account may be shared within the Society for business analysis and market research purposes. We will update all of your records when you inform us of a change to your personal details, to keep your records up to date.						
DECLARATION							
I/We (each for his or her own part) hereby declare:  • That the sum shown overleaf is being deposited by me/us as either:  Sole/Joint beneficial owner(s)  I/We own the funds or are entitled to the interest	<ul> <li>That this deposit is made in accordance with the terms and conditions of the account and the rules of the Society, a copy of which is available on request.</li> <li>That all the details given on this form are correct.</li> </ul>						
Trustee Please provide a copy of the trust deed	<ul> <li>If I am a citizen of any country other than the UK that I have completed a Self Certification for Individuals form.</li> </ul>						
POA/Deputy POA/CPO required  Executor/Administrator Will or Probate may be required	<ul> <li>It is important that you read and understand the 'How We Use Your Data' declaration on this form. By signing this application, you agree that we can use your information in this way. If you are under 18 and not sure, please ask your parent or guardian before signing this form.</li> </ul>						
	Before signing this form, you should carefully read our Customer Privacy Notice, which explains the purpose of collecting this data; the retention period; lawful reasons for processing and who this data is shared with.						
	By signing this application, you will agree that we can use your information in this way.						
OPERATION OF THE ACCOUNT							
Number of signatures required for withdrawals, where more than one account holder:  Any one signature required  Number of signatures required for withdrawals (eg. 2 signatures)  (Not available if opting for Online Access)	If you would like online access to your account, please ensure that you have provided your email address on this form and tick this box to confirm.  (Not available if opting for 'Number of Signatures required for withdrawals')						
It is important to note that the option allowing 'any one signature' means that							

It is important to note that the option allowing 'any one signature' means that any one signatory can withdraw funds, amend or close the account without the consent or knowledge of the other signatory(s) at any time.

## **NEW ACCOUNT QUESTIONNAIRE** REASON FOR OPENING ACCOUNT **DEPOSIT ON OPENING ACCOUNT** Purpose Type of Funds\* (what are you saving for?) Cash Cheques Regular One-Frequency of Deposit Occasional Deposits off Combined Transfer Approximate Amount Origin of Funds\* Frequency of Regular One-Occasional (e.g. Inheritance) Withdrawal Withdrawal off **Approximate Amount PLEASE SIGN** FOR SOCIETY USE ONLY This is our standard customer agreement upon which we intend to rely. For **Customer Number** 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 Second Customer Number 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. Signature Checked You are confirming the receipt of the Financial Services Compensation Scheme Information Sheet and Exclusions List. Postal account Input by Date Date First Applicant Checked by Signature Date Mandatory literature provided Name Second Applicant Signature Name If there are more than two applicants, tick here and complete the other parties' details on a separate form.