

Instruction Form - what would you like to do?



- Re-deposit your funds with Saffron (complete A&C)
- Transfer funds elsewhere (complete B&C)

If you choose to re-deposit your funds *and* transfer your funds please complete all sections.

Customer(s) Names	Account Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

	Product	Opening Amount (£)
A)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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. For details on how we collect and process your data please see our Customer Privacy Notice at saffronbs.co.uk/about-us/privacy-summary/.

B)	Select	Action	Total Balance
	<input type="checkbox"/>	Issue a cheque payable to me/us: Cheque will be made payable to the child	<input style="width: 100%;" type="text" value="Balance / Remainder of funds"/>
	<input type="checkbox"/>	Transfer balance to my bank account:	<input style="width: 100%;" type="text" value="Balance / Remainder of funds"/>
	<input style="width: 100%;" type="text" value="Bank Name"/>	Sort Code: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
	<input style="width: 100%;" type="text" value="Account Name"/>	Account number: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
		<input style="width: 100%;" type="text" value="Reference Number (if applicable)"/>	

C) Please ensure we have your email address: *(This would allow us to send you information via email regarding your account. N.B. We will only ever contact you with marketing messages if we have your permission to do so)*

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.

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

Customer 1 Signature	<input style="width: 100%;" type="text"/>	Date of Signature	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Customer 2 Signature	<input style="width: 100%;" type="text"/>	Date of Signature	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>