

# Business Savings and Client Account Capture Form

This form is to be used by Limited Companies, Unincorporated Associations, Partnerships, Registered Charities, Clubs/Societies and Solicitors. Please complete this form in BLOCK CAPITALS.

## 1. You and Monmouthshire Building Society

Provide a Monmouthshire Building Society Account Number:  -  -

## 2. About your Business – Clubs and Societies please complete 2b

Full Business Name:	
Nature of Business:	
Limited Company <input type="checkbox"/>	Unincorporated Association/Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/>
Charitable Incorporated Organisation <input type="checkbox"/>	Credit Union <input type="checkbox"/> Other <input type="text"/>
Business Registered Address:	
Postcode:	
Trading Address (if different):	
Postcode:	
Business Phone Number:	Business Start Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company Number (if limited):	FCA Registration Number (if applicable):
Firm SRA ID No. (if applicable):	
Is the Business a registered Charity? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Charity Number (if applicable):	

## 2b. Club/Society details

Name of Club/Society:	
Registered Address:	
Postcode:	
Trading Address (if different):	
Postcode:	
Telephone Number:	Club/Society Start Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 3. About your Business/Organisation

What does your Business/Organisation do? (Limited Companies please provide SIC Codes):	
Annual Turnover: £	Number of Directors/Principals/Partners:
Number of Employees: less than 50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201+ <input type="checkbox"/>	

#### 4. Expected account activity (we require this information for anti-money laundering regulation)

How often do you expect to use the account?:

One off lump sum ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually ☐

Please tick the box which most accurately reflects the anticipated turnover of this deposit account, excluding your initial deposit, during a typical year:

Less than £20,000 ☐ £20,000 - £50,000 ☐ £50,000 - £100,000 ☐ £100,000 - £250,000 ☐

Over £250,000 approximate amount

#### 5. Authorised Signatories

##### Signatory One – Your Personal Information

Title:  Forenames (in full):  Surname:

Home Address:

Postcode:

Time at Address: Years:  Months:

Previous Address (if time at current address is less than 3 years):

Postcode:

Nationality:  Country of Birth:  Date of Birth:  /  /

National Insurance Number:  Gender: Male ☐ Female ☐ Non-binary ☐

Position held within the business:

If you are not a UK or EEA National, do you have indefinite leave to remain in the UK? YES ☐ NO ☐

Are you a resident for tax purposes anywhere other than the UK? YES ☐ NO ☐

Are you a citizen of the USA? YES ☐ NO ☐

If you have answered yes to either of these two questions, please complete the Tax Residency Self Certification Declaration form.

##### Personal Contact Details

Telephone Number:  Mobile Number:

Email Address:

##### Signatory Two – Your Personal Information

Title:  Forenames (in full):  Surname:

Home Address:

Postcode:

Time at Address: Years:  Months:

Previous Address (if time at current address is less than 3 years):

Postcode:

Nationality:  Country of Birth:  Date of Birth:  /  /

National Insurance Number:  Gender: Male ☐ Female ☐ Non-binary ☐

Position held within the business:

If you are not a UK or EEA National, do you have indefinite leave to remain in the UK? YES ☐ NO ☐

Are you a resident for tax purposes anywhere other than the UK? YES ☐ NO ☐

Are you a citizen of the USA? YES ☐ NO ☐

If you have answered yes to either of these two questions, please complete the Tax Residency Self Certification Declaration form.

<b>Personal Contact Details</b>		
Telephone Number:		Mobile Number:
Email Address:		
<b>Signatory Three – Your Personal Information</b>		
Title:	Forenames (in full):	Surname:
Home Address:		
Postcode:		
Time at Address: Years: <input type="text"/> <input type="text"/> Months: <input type="text"/> <input type="text"/>		
Previous Address (if time at current address is less than 3 years):		
Postcode:		
Nationality:	Country of Birth:	Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/>
Position held within the business:		
If you are not a UK or EEA National, do you have indefinite leave to remain in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you a resident for tax purposes anywhere other than the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you a citizen of the USA? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>If you have answered yes to either of these two questions, please complete the Tax Residency Self Certification Declaration form.</b>		
<b>Personal Contact Details</b>		
Telephone Number:		Mobile Number:
Email Address:		
<b>Signatory Four – Your Personal Information</b>		
Title:	Forenames (in full):	Surname:
Home Address:		
Postcode:		
Time at Address: Years: <input type="text"/> <input type="text"/> Months: <input type="text"/> <input type="text"/>		
Previous Address (if time at current address is less than 3 years):		
Postcode:		
Nationality:	Country of Birth:	Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/>
Position held within the business:		
If you are not a UK or EEA National, do you have indefinite leave to remain in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you a resident for tax purposes anywhere other than the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you a citizen of the USA? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>If you have answered yes to either of these two questions, please complete the Tax Residency Self Certification Declaration form.</b>		
<b>Personal Contact Details</b>		
Telephone Number:		Mobile Number:
Email Address:		

## 6. Shareholding and ownership information

Please confirm if any account signatories own or control 25% or more of the business capital, profit or voting rights:

Signatory One ☐ Signatory Two ☐ Signatory Three ☐ Signatory Four ☐

How many other individuals own or control 25% or more of the business capital, profit or voting rights and are NOT account signatories:

(A separate shareholder form will need to be completed for each of these individuals)

## 7. Your nominated account

I/we require all withdrawals to be transferred to the organisation's bank account as follows. Please note, the 'Bank Account Name' should be the name of the account as registered with your bank.

Bank Account Name:

Bank Name:

Bank Address:

Postcode

Bank Sort Code: -- Bank Account Number

## 8. Interest Instructions - For Solicitor Operated General Client Accounts only

I/we require payment of interest to be transferred to the following bank account. Please note, the following account must be your office account.

Bank Account Name:

Bank Name:

Bank Address:

Postcode

Bank Sort Code: -- Bank Account Number

## 9. Operating the account

Contact for enquiries: Signatory One ☐ Signatory Two ☐ Signatory Three ☐ Signatory Four ☐

## Community Saver Account - Who can operate the account?

Any one of the signatories may sign to operate the account ☐ Any two of the signatories may sign to operate the account ☐

All signatories must sign to operate the account ☐

Corporate/Charity Accounts can only be operated via the Society's Online Service 'My Accounts'. We will contact you to complete the registration process (once completed, we will write to your business address providing you with your login details to access the 'My Accounts' Service). Please note, only one login will be provided per organisation.

## 10. Declaration – Please read, complete and sign – All signatories must sign

**Important Information** – it is essential that you read and understand the terms within this declaration before signing below.

- As a representative of the body named on page 1, I/we confirm that it is a company, other corporate body or unincorporated association and declare that the sum shown on the application form is being invested in Monmouthshire Building Society by me/us as a trustee for the organisation named there, and that I am an/we are officer(s) of the said body duly authorised to make this investment on its behalf.
- I/we accept that the Society may decline my/our application.
- I/we consent and acknowledge that the Society will carry out an electronic check to verify my/our identity.
- I/we agree to the terms and conditions applying to the account and the General Terms & Conditions for Savings Accounts, and to be bound by the Rules of the Society, a copy of which is available on request.
- I/we authorise the Society to operate the account according to the instructions indicated in this application form.
- I/we have received a copy of the financial services compensation scheme information sheet.

### Use of your Personal and Business Information

- We need to collect information about you in order to open and administer your savings account. The legal basis on which we process your data will be either that the processing is necessary for us to provide you with the financial product you are seeking; necessary to comply with our legal obligations; in our legitimate business interests in relation to such purposes or with your consent.
- The information we collect is used to verify your identity, administer your accounts, provide you with our services and to communicate with you about other products or services of ours that we think may be of interest to you.
- When using your information we may also share information with anyone you appoint to administer or operate your account; regulatory and government bodies; auditors; any individuals/organisations that we use to provide services to us; and any other person or organisation if the law, public duty or our legitimate interests require us to do so.
- We undertake checks about you with Fraud Prevention Agencies ('FPAs') for the purposes of preventing fraud and money laundering, and to verify your identity. If false or inaccurate information and fraud is suspected then we will record this and share the information with FPAs.
- In making your application you acknowledge that you have received and read the summary of our full Privacy Notice contained in our "Important Information About Your Personal Data" leaflet. Our full Privacy Notices are available from all our offices and on our website at [www.monbs.com/privacy](http://www.monbs.com/privacy)

### Keeping you Informed about other Products & Services

The Society would like to provide you with information on our products and services unless you opt out of receiving this information. Please note the Society will continue to provide you with regulatory and service communications even if you have opted out.

I do not wish to receive information on products and services by the following channels:

On behalf of the Organisation: Mail ☐ Telephone ☐ Electronic Means ☐

Signatory 1		Signatory 2	
Name		Name	
Signature		Signature	
Date		Date	
Signatory 3		Signatory 4	
Name		Name	
Signature		Signature	
Date		Date	

For Office Use Only	Date Opened	Security Number	Branch/ Agent	ID Checked by	Data Check
A/C No.		Applicant 1 Number		Applicant 2 Number	
		Applicant 3 Number		Applicant 4 Number	

Cheque Details						
Drawer's Name	Bank Name	Bank Address	Sort Code	Account number	Cheque Number	Amount

Monmouthshire Building Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register Number: 206052.

Head Office: Monmouthshire House, John Frost Square, Newport, South Wales, NP20 1PX.

Telephone: 01633 844330 Fax: 01633 844445 [www.monbs.com](http://www.monbs.com)

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