

SAVINGS ACCOUNT APPLICATION FORM

For customers applying for all savings accounts except for ISAs, First, Business, Trust and Community accounts



THE CAMBRIDGE

Building Society

Head Office Administration Centre, PO Box 232, 51 Newmarket Road, Cambridge CB5 8FF

FOR SOCIETY USE ONLY – ACCOUNT NUMBER

New account Change of product Additional account holder

Please use BLOCK CAPITALS

I/We would like to invest £ into a (type of account e.g. 90 Day Notice Account)

For minimum and maximum investment limits, please see the relevant product special terms and conditions. All cheques should be payable to the account holder (e.g. Mr A Smith).

APPLICANT(S) DETAILS

The first applicant's address will be used for correspondence. Only the first named applicant will be entitled to exercise membership rights (including voting rights) in respect of this shareholding.

1ST APPLICANT

Surname (Mr/Mrs/Miss/Ms)

Forename(s)

Address

Postcode

Date of birth / /

Nationality Place of birth

Occupation/Job title

Home tel no.

Work tel no.

Mobile tel no.

Email address

Account number of existing accounts held with the Society (if applicable)

Do you have a National Insurance (NI) number? Yes No

If Yes, you must enter it here

(You should be able to find your NI number on a payslip, form P45 or P60, a letter from HM Revenue & Customs or a letter from the DWP).

If you have moved house in the last three years, please provide your previous postcode and house number or name

House number/name

Postcode

2ND APPLICANT

Surname (Mr/Mrs/Miss/Ms)

Forename(s)

Address

Postcode

Date of birth / /

Nationality Place of birth

Occupation/Job title

Home tel no.

Work tel no.

Mobile tel no.

Email address

Account number of existing accounts held with the Society (if applicable)

Do you have a National Insurance (NI) number? Yes No

If Yes, you must enter it here

(You should be able to find your NI number on a payslip, form P45 or P60, a letter from HM Revenue & Customs or a letter from the DWP).

If you have moved house in the last three years, please provide your previous postcode and house number or name

House number/name

Postcode

Complete if applicable I/We are saving as Administrator(s) Executor(s)
of

What is your preferred way for us to get in touch should we need to discuss your account?

Post Home tel no. Work tel no. Mobile tel no.

Preferred time:

Morning Afternoon Evening

INTEREST INSTRUCTIONS

I/We would like the interest

Added to the account (not available for monthly interest payment options)

Transferred to The Cambridge Building Society account number

Paid into bank account number sort code at Bank

Bank address

Some of our savings accounts have a monthly interest payment option. Details can be found in the relevant product special terms and conditions.

If you would like to receive monthly interest, please tick here

WITHDRAWAL INSTRUCTIONS FOR JOINT ACCOUNTS

For accounts in joint names the Society is authorised to accept **any one** **all** of our signatures as a discharge for withdrawal.

HOW WE USE YOUR PERSONAL INFORMATION

We will use your personal information to open and administer your account, prevent fraud and money laundering, market research and business analysis.

We may pass your personal information to anyone you appoint to administer or operate your account, regulatory bodies, our external auditors, any individual or organisation that we contract or employ to provide goods or services to us, and any other organisation if the law requires us to do so.

We may undertake a search with Experian for the purposes of verifying your identity. To do so Experian may check the details you supply against any particulars on any database (public or otherwise) to which they have access. They may also use your details in the future to assist other companies for verification purposes. A record of the search will be retained. Alternatively, we may ask you to provide physical forms of identification.

You have the right of access to your personal data held by the Society on payment of a fee if you apply to us in writing.

Occasionally we would like to bring to your attention details of products and services available from us, or from other carefully selected suppliers, which may be of interest to you.

If there is a contact method you do not want us to use for this purpose, please tick the relevant box:

Applicant 1 Post Phone Email **Applicant 2** Post Phone Email

IDENTIFICATION REQUIREMENTS

When you open an account with us, under regulations for prevention and detection of financial crime, we need to verify your name and address. We use an electronic verification system to do this. However, in certain cases we will need further proof of your identity in order to open your account. To find out which forms of identification are suitable, please see our 'Verifying your identity' leaflet.

DECLARATION

I/We declare that:

- 1 I/We (each for his or her own part) hereby declare that the sum shown overleaf is being invested in The Cambridge Building Society:
* By me as a sole beneficial owner,
* By us as joint beneficial owners,
- 2 I/We agree to be bound by the Rules of the Society which are available from any branch office;
- 3 I/We accept the terms and conditions applicable to this account;
- 4 I/We agree that The Cambridge Building Society may use my/our information as stated in the 'How we use your personal information' section on this application form;
- 5 This application form has been completed to the best of my/our knowledge and belief.
* delete where appropriate

This is our standard client agreement upon which we intend to rely. For your own benefit and protection you should read the relevant product special terms and conditions and 'Terms and Conditions for Savers' carefully before signing the declaration. If you do not understand any point please ask for further information.

PLEASE SIGN HERE

1st applicant Date

2nd applicant Date

Before sending this form to us, please check that you have completed all the details and signed it.

FOR SOCIETY USE ONLY

1st applicant	2nd applicant
Name ID	Name ID
Address ID	Address ID
Input by	Input by
Checked by	Checked by
Existing customer/account number	Existing customer/account number
Experian ref no.	Passbook posted <input type="checkbox"/> Passbook given to customer <input type="checkbox"/>