

Suffolk**Building****Society**

Business Savings Account Application Form.

To apply for any business or charity savings account.

This account can only be opened by UK resident entities, with UK resident controlling persons.

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM.

I/We would like to invest £ _____ * into a (type of account) _____

Opening investment* Cash £ _____

Cheques £ _____

Bank Transfer £ _____

For office use only:

Account Number | | | | | | | | | | | | | | | | | |

User name _____ User no. | | | | | | | | | | | | | | | | | | Customer no. | | | | | | | | | | | | | | | | | |

Organisation's details

Organisation name _____

Organisation type _____

Registered Charity ☐Limited Company ☐LLP ☐

Company/Charity Registration No _____

Primary contact name _____

Primary contact number _____

Primary contact email _____

Trading address _____

Postcode _____

Principal office ☐ Tick here if same as trading address

Registered address _____

Postcode _____

Correspondence address (If appl) _____

Postcode _____

Organisation's operations

What business / charitable activities does your organisation engage in? _____

Incorporated Organisations

Is the organisation incorporated and tax resident only in the UK?

Yes ☐ No ☐

Is each controlling person tax resident only in the UK? This includes any controlling person holding an equity interest in the organisation

Yes ☐ No ☐

Does the organisation earn:

Active income (income from selling goods & services)Yes ☐**Passive income** (income from investments, interest, dividends or rent)Yes ☐If you have indicated that the organisation earns **passive** income, please confirm the percentage (%) of passive income earned in relation to the organisation's gross income for the preceding calendar year _____ %

Are you subject to UK law?

Yes ☐ No ☐

Annual turnover (Please provide the last year's accounts) £ _____

Expected turnover over the next 12 months _____

£ _____

Organisation's nominated bank account

Sort code

--	--	--	--	--	--	--

Account no

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank name

Account holder's name

Interest instructions

Add to account

☐

Pay to the nominated account above

☐**Account activity**

Please complete the information below to tell us how you will be using your account. We may need to call you to discuss this information.

What is the purpose of the account?

Expected transactions

If you are depositing cash, how much do you anticipate depositing in the next 12 months?

Source of deposit

Where has your deposit come from? (Evidence may be required)

Additional information

For office use only:Customer no. Customer no. **Signatory One****Your name and home address**Title Forename Middle name(s) Surname Address

Postcode

Date moved to current address

If you have moved to your current address within the last 12 months, please provide your previous address

House number/name Postcode Date moved to previous address **Your personal information**Date of birth **Contact details (At least one contact number is needed)**Home phone no. Mobile phone no. Email address What is your role? **Are you tax resident in the UK only?** Yes ☐ No ☐Nationality Place of birth Percentage of ownership (if appl) **Signatory Two****Your name and home address**Title Forename Middle name(s) Surname Address

Postcode

Date moved to current address

If you have moved to your current address within the last 12 months, please provide your previous address

House number/name Postcode Date moved to previous address **Your personal information**Date of birth **Contact details (At least one contact number is needed)**Home phone no. Mobile phone no. Email address What is your role? **Are you tax resident in the UK only?** Yes ☐ No ☐Nationality Place of birth Percentage of ownership (if appl) **Keeping you informed**

In line with the Society's Privacy Notice, we will only use your personal information to administer your account and provide products and services you have requested. However, occasionally we would like to contact you about products, services, competitions or events we provide. You can withdraw/amend this consent at any time.

Signatory One

Where we need to contact you by telephone, and you have given us more than one number, please tell us your preferred option:

☐ Home number ☐ Mobile number

Please indicate your preferred time of day for us to call

☐ Morning ☐ Afternoon

I consent to being contacted for marketing purposes by the methods below

☐ Post ☐ Telephone ☐ Email

You have the right to request access to your personal information and to obtain information about how we process it. These requests can be made in writing to the Data Protection Officer or via email to dpo@suffolkbuildingsociety.co.uk

Signatory Two

Where we need to contact you by telephone, and you have given us more than one number, please tell us your preferred option:

☐ Home number ☐ Mobile number

Please indicate your preferred time of day for us to call

☐ Morning ☐ Afternoon

I consent to being contacted for marketing purposes by the methods below

☐ Post ☐ Telephone ☐ Email

You have the right to request access to your personal information and to obtain information about how we process it. These requests can be made in writing to the Data Protection Officer or via email to dpo@suffolkbuildingsociety.co.uk

For office use only:Customer no. Customer no. **Signatory Three****Your name and home address**Title Forename Middle name(s) Surname Address Postcode Date moved to current address

If you have moved to your current address within the last 12 months, please provide your previous address

House number/name Postcode Date moved to previous address **Your personal information**Date of birth **Contact details (At least one contact number is needed)**Home phone no. Mobile phone no. Email address What is your role? Are you tax resident in the UK only? Yes ☐ No ☐Nationality Place of birth Percentage of ownership (if appl) **Signatory Four****Your name and home address**Title Forename Middle name(s) Surname Address Postcode Date moved to current address

If you have moved to your current address within the last 12 months, please provide your previous address

House number/name Postcode Date moved to previous address **Your personal information**Date of birth **Contact details (At least one contact number is needed)**Home phone no. Mobile phone no. Email address What is your role? Are you tax resident in the UK only? Yes ☐ No ☐Nationality Place of birth Percentage of ownership (if appl) **Keeping you informed**

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Signatory Three

Where we need to contact you by telephone, and you have given us more than one number, please tell us your preferred option:

☐ Home number ☐ Mobile number

Please indicate your preferred time of day for us to call

☐ Morning ☐ Afternoon

I consent to being contacted for marketing purposes by the methods below

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Signatory Four

Where we need to contact you by telephone, and you have given us more than one number, please tell us your preferred option:

☐ Home number ☐ Mobile number

Please indicate your preferred time of day for us to call

☐ Morning ☐ Afternoon

I consent to being contacted for marketing purposes by the methods below

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Shareholding

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

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

Are there any additional controlling persons not listed in this application?

Yes ☐ No ☐

Identification requirements

If you are opening an account on behalf of a business or registered charity, we will need identification to prove the existence of your organisation. This is in addition to identification required for individual authorised signatories. We will also use our electronic verification system for individuals, which includes the option of some security questions. For existing Society customers, we may ask security questions to confirm your identity and request identification documents if your records with us are incomplete.

Please refer to the Verifying the Identity of Your Business, Charity or Client Account leaflet. This is enclosed with this application form.

Signing instructions

Any individual who owns or controls 25% or more of the business capital, profit or voting rights will be required as a signatory. For registered charities, this includes the Chair and Treasurer. Additional signatories can be added on request for day-to-day account operations. A minimum of two signatories will be required to authorise withdrawals or account changes.

General declaration

I/We declare:

- This application has been completed to the best of my/our knowledge and it is complete and accurate
- That I/we agree to be bound by the rules of the Society
- Consent to the Society making any necessary enquiries to confirm my/our address and identity
- That we will supply any additional account or company information on request

For the purposes of ongoing due diligence we may require a copy of your annual accounts each year

Entity and controlling persons declaration

I/We declare:

- That the account holder and all controlling persons are tax resident **only** in the UK
- That where the account holder is incorporated, that incorporation is **only** in the UK
- That I/we will promptly inform Suffolk Building Society in the event that:
- The account holder's active/passive classification changes
- The account holder's ownership structure or controlling persons changes
- The account holder, or one or more controlling persons becomes tax resident outside the UK

Account declaration

I/We acknowledge receipt and confirm I/we have read and understood the following, prior to opening this account:

- Terms and Conditions of the chosen account in conjunction with the Society's General Investment Terms and Conditions
- Savings Tariff of Charges
- Key Information About Our Services leaflet

By signing this application form:

- I/we acknowledge receipt of the Financial Services Compensation Scheme Information Sheet and the Society's Privacy Notice which I received prior to opening this account

Signatory One	Date	
Signatory Two	Date	
Signatory Three	Date	
Signatory Four	Date	

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Branch code

- ☐ **Name, DOB, NINO, Nationality**
CUS01/Personal details
- ☐ **Phone numbers, email address, marketing and communication preferences**
CUS01/Communication Details
- ☐ **Address**
CUS01/Address
- ☐ **Place of Birth/Country of birth**
Teller, Amend, Customer Details
- ☐ **Nationality**
CUS01
- ☐ **Business Customer**
CUS08
- ☐ CUS15
- ☐ AML01

- ☐ Signature matches ID and form dated correctly
- ☐ Call Validate completed and attached
- ☐ Call Validate escalation process followed correctly
- ☐ Is the ID in date?
- ☐ Customer Capacity
Business holder = SME
Signatory = OPR
- ☐ ID attached and updated on system
AML01/Teller/Amend/Maintain Customer
- ☐ Referred to Branch Manager
- ☐ Organisation and controlling persons are all UK tax resident only

- ☐ **Account Type**
IAD05/IAD01
- ☐ **Account Category**
IAD05/IAD01
- ☐ **Number of signatures to withdraw**
IAD01/IAD05
- ☐ **Account Name**
(Teller/Amend/Account Name)
- ☐ **Notes updated**
PAD01
- ☐ **IAD08**
Opening deposit

User input _____ Date | | | | | | Amended by and checked _____ Date | | | | | | CVAL(s) signed off by _____ Date | | | | | |

Building

Suffolk Building Society, Freehold House, 6-8 The Havens,
Ransomes Europark, Ipswich, Suffolk IP3 9SJ

0330 123 0723

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