

CHILDREN'S APPLICATION FORM

- If the account holder is under 16 years of age the account must be opened by an adult
- If the adult remains on the account as an operator they will be known as the account signatory
- Once the account holder reaches 18 years of age the authority to operate the account must transfer to him/her solely
- A child aged 10 or over can operate our First Account themselves



**THE
CAMBRIDGE**
Building Society

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

YOU AND THE CAMBRIDGE

Your Cambridge account number

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM. ALL FIELDS WITH * ARE REQUIRED

Will an adult be operating the account? Yes No Please note: an adult must operate our Children's Bonds.

I would like to invest £ into a (type of account e.g. First Account) Issue number

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

MAIN APPLICANT (THE CHILD)

Your name

Title*

Forename(s)*

Surname*

Your address

Address*

Postcode*

Date moved to current address* (MM/YYYY) /

If you have moved to your current address within the last three months please provide your previous house number or name, postcode and the date you moved to this address

House number/name

Postcode

Date moved to previous address* (MM/YYYY) /

Your personal information

Date of birth* / /

Country of birth*

Town of birth*

Gender* Male Female

National Insurance number

UK residency

Are you a permanent UK resident?* Yes No

ACCOUNT SIGNATORY

Your name

Title*

Forename(s)*

Surname*

Your address

Address*

Postcode*

Date moved to current address* (MM/YYYY) /

If you have moved to your current address within the last three months please provide your previous house number or name, postcode and the date you moved to this address

House number/name

Postcode

Date moved to previous address* (MM/YYYY) /

Your personal information

Date of birth* / /

Country of birth*

Town of birth*

Gender* Male Female

National Insurance number

UK residency

Are you a permanent UK resident?* Yes No

MAIN APPLICANT (THE CHILD)

Nationality / tax

What is your nationality?*

Do you have dual nationality?* Yes No

Please state your second nationality

Are you a United States of America citizen?* Yes No

What is your country of residence for tax purposes?*

Do you have dual residency for tax purposes?* Yes No

Please state your second residency for tax purposes

If you are not solely British for tax purposes please detail your Taxpayer Identification Number or other tax reference number

Additional information for main applicants aged 16 or over who will operate the account themselves.

Contact details

At least one contact number is needed

Home phone number

Mobile phone number

Email address*

ACCOUNT SIGNATORY

Nationality / tax

What is your nationality?*

Do you have dual nationality?* Yes No

Please state your second nationality

Are you a United States of America citizen?* Yes No

What is your country of residence for tax purposes?*

Do you have dual residency for tax purposes?* Yes No

Please state your second residency for tax purposes

If you are not solely British for tax purposes please detail your Taxpayer Identification Number or other tax reference number

Contact details

At least one contact number is needed

Home phone number

Mobile phone number*

Email address*

KEEPING YOU INFORMED

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:

KEEPING YOU INFORMED

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:

MAIN APPLICANT AGED 18 OR OVER/ACCOUNT SIGNATORY

Occasionally we would like to contact you about products and services from The Cambridge we think may be of interest to you. This may be via post, telephone or email. We do not market directly to under-18s. If you wish to receive these communications please tick the box

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

I/We have received a copy of the Financial Services Compensation Scheme information sheet

It's important that you read the FSCS information sheet. It provides information about the protection of your savings deposits. If you need a copy of the information sheet or more information please ask in branch or call 0345 601 4021.

INTEREST

Interest will automatically be added to the account, unless specified. If you require interest to be paid elsewhere ask in branch or call 0345 601 4021.

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. 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, click [here](#) or ask for a copy of our 'Verifying your identity' leaflet.

DECLARATION

I declare that:

1. The sum of money being invested belongs to me/on behalf of the account holder* as a sole beneficial owner
2. I accept the terms and conditions applicable to his account
3. I do not already hold a First Account/ Children's Bond*
4. I agree to be bound by the Rules of the Society available upon request
5. I agree that The Cambridge may use my information as stated in the Privacy Policy
6. This application has been completed to the best of my/our knowledge and belief
7. I undertake to notify The Cambridge of any change of circumstances

*Delete where appropriate

Before signing this application form please check that you have completed all the required fields marked with * and that you have carefully read the terms and conditions associated with the product you're applying for. If you do not understand any point please ask for further information.

PLEASE SIGN HERE

Main applicant/signatory

Date