

SAVINGS ACCOUNT APPLICATION FORM

To apply for any savings accounts except ISAs, Children's, Business, Council and Trust accounts.



**THE
CAMBRIDGE**
Building Society

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

YOU AND THE CAMBRIDGE

Are you an existing member of The Cambridge?* Yes No

Your Cambridge account number

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

I/We would like to invest £ into a (type of account e.g. Instant Access Account) Issue number

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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. Mr A Smith).

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.

APPLICANT ONE

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

APPLICANT TWO

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

APPLICANT ONE

What is your employment status?*

Please select

If employed, what is your occupation?*

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:

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. If you wish to receive these communications please tick the box

APPLICANT TWO

What is your employment status?*

Please select

If employed, what is your occupation?*

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

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SIGNING INSTRUCTIONS FOR ACCOUNTS WITH MULTIPLE HOLDERS

You can have up to four account holders on our savings accounts. If you would like more than two account holders please fill in another application form for the additional holders.

For accounts with multiple holders, tell us how many signatures you would like us to take as your authorisation for account operation:

1 2 3 4

Please note that on bonds where there are multiple account holders any one account holder may operate the account.

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 INSTRUCTIONS AND NOMINATED BANK ACCOUNT

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

To transfer money to your bank account by faster payment you will need to set up a nominated bank account. Please fill in the details below.

Account number _____ Sort code Bank name _____

Account holder's name _____

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

1. I/We hereby declare that the sum of money being invested belongs to me as a sole beneficial owner or us as joint beneficial owners
2. I/We accept the terms and conditions applicable to his account
3. I/We agree to be bound by the Rules of the Society available upon request
4. Where this is an application for a joint account, I confirm that this declaration is made by all applicants
5. I/We agree that The Cambridge may use my/our information as stated in the Privacy Policy
6. This application has been completed to the best of my/our knowledge and belief
7. I/We undertake to notify The Cambridge of any change of circumstances

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

Applicant One

Date

Applicant Two

Date