

BUSINESS SAVINGS ACCOUNT APPLICATION FORM

To apply for any business savings account.



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

For minimum and maximum investment limits, please see the relevant terms and conditions for your chosen product. All cheques should be made payable to the account name (e.g. ABCD Company Ltd).

The business address will be used for all correspondence.

ABOUT THE BUSINESS

Full business name*

Registration number

Business type* Charity Club or association Housing association Sole proprietor Limited company LLP Partnership

Business phone number*

Business email address*

Business address

Business trading address*

Postcode*

Registered office: Tick here if same as trading address

Registered address

Postcode

Business details

What does the business do?*

Annual turnover* £

SIC code (available from Companies House)*

ACCOUNT SIGNATORY 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) /

ACCOUNT SIGNATORY 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) /

ACCOUNT SIGNATORY ONE

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

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

Position within the business*

Work 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:

Work 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

ACCOUNT SIGNATORY TWO

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

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

Position within the business*

Work 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:

Work 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

ACCOUNT SIGNATORY THREE

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

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

Position within the business* _____

Work phone number _____

Mobile phone number* _____

Email address* _____

ACCOUNT SIGNATORY FOUR

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

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

Position within the business* _____

Work 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:

Work 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

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:

Work 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

SHAREHOLDING

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

Signatory One Signatory Two Signatory Three Signatory Four

How many other individuals own or control more than 25% 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.

SIGNING INSTRUCTIONS FOR ACCOUNTS WITH MULTIPLE ACCOUNT SIGNATORIES

With the exception of Sole Proprietors, your account must be operated by a minimum of two account signatories.

The maximum number of account signatories is four.

How many account signatories you would like us to take as your authorisation for account operation: 1 2 3 4

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

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.

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 documentary proof of either the identity of the signatories or the identity of the beneficial owners. We will also need to verify the organisation's identity. To find out which forms of identification are suitable click [here](#) or ask for a copy of our 'Verifying your identity' leaflet.

DECLARATION

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.

I/We declare that:

1. I/We have the consent of all individuals identified in this form to sign this form on their behalf
2. I/We understand that this account does not convey membership or voting rights within The Cambridge Building Society
3. I/We agree to be bound by the Rules of the Society which are available upon request
4. I/We accept the terms and conditions applicable to this account
5. I/We agree that The Cambridge may use my/our information as stated in the Privacy Policy
6. This application form has been completed to the best of my/our knowledge and belief
7. The account we are opening on behalf of the organisation and the money we are investing or will invest is on behalf of the organisation named overleaf. We hereby certify that the organisation has the power to open the account applied for and that if required we will produce evidence of the appropriate authority to confirm that the deposit may be made
8. I/We authorise you to act on the instructions of the authorised account signatories and we agree to provide you with a list of authorised signatures for each authorised account signatory. We also agree and acknowledge that we will not hold The Cambridge responsible if the organisation suffers a loss as a result of you acting on the authority and instructions of the authorised account signatories. We will tell you immediately in writing if the authorised account signatories are to be changed
9. I/We undertake to notify The Cambridge of any changes of circumstances including any changes in the beneficial ownership or voting rights or control of the management of the organisation

PLEASE PRINT THIS FORM AND SIGN HERE

Account Signatory One	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Account Signatory Two	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Account Signatory Three	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
Account Signatory Four	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>