

# Business Savings Account Application Form



To apply for any business savings account with The Cambridge.

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

## You and The Cambridge

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

An Account Number with The Cambridge

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

For minimum and maximum investment limits, please see the relevant terms and conditions for your chosen product.

Source of funds

The business address will be used for all correspondence.

## About the business

Full business name\*

Registration number

SIC code\*

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

### Business address

Business trading address\*

Postcode\*

**Registered office:**      Tick here if same as trading address

Registered address

Postcode

### Business details

Business phone number\*

Business email address\*

What does the business do?\*

When was the business established?\*

Annual turnover\*    £

Number of employees\*

## Account signatory one

**Your name**

Title\*

Forenames\*

Surname\*

## Account signatory two

**Your name**

Title\*

Forenames\*

Surname\*

## Account signatory one

### Your personal information

Date of birth\*

Country of birth\*

Place of birth\*

Gender\*

Marital status\*

National Insurance number

### UK residency

Are you a permanent UK resident?\*    Yes    No

Are you currently a UK resident?\*    Yes    No

Do you have a UK bank account?\*    Yes    No

### 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)

### Nationality / tax

What is your nationality?\*

Do you have dual nationality?\*    Yes    No

Please state your second nationality

What is your country of residence for tax purposes?\*

Do you have dual residency for tax purposes and/or are you a US citizen?\*    Yes    No

If yes, 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\*

Director    Shareholder    Owner    Partner  
Company Secretary    Authorised Signatory    Other

Work phone number

Mobile phone number\*

Email address

## Account signatory two

### Your personal information

Date of birth\*

Country of birth\*

Place of birth\*

Gender\*

Marital status\*

National Insurance number

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Are you a permanent UK resident?\*    Yes    No

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Position within the business\*

Director    Shareholder    Owner    Partner  
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Work phone number

Mobile phone number\*

Email address

## Keeping you informed

Preferred telephone method:

Work      Mobile

Occasionally we would like to contact you about products and services from The Cambridge we think may be of interest to you.

Would you like to receive these communications?      Yes      No

How would you like to be contacted:

Phone      Yes      No

Post      Yes      No

Email      Yes      No

SMS      Yes      No

## Keeping you informed

Preferred telephone method:

Work      Mobile

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Post      Yes      No

Email      Yes      No

SMS      Yes      No

## Account signatory three

### Your name

Title\*

Forenames\*

Surname\*

### Your personal information

Date of birth\*

Country of birth\*

Place of birth\*

Gender\*

Marital status\*

National Insurance number

### UK residency

Are you a permanent UK resident?\*      Yes      No

Are you currently a UK resident?\*      Yes      No

Do you have a UK bank account?\*      Yes      No

### Your address

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Postcode\*

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If yes, please state your second nationality

What is your country of residence for tax purposes?\*

## Account signatory four

### Your name

Title\*

Forenames\*

Surname\*

### Your personal information

Date of birth\*

Country of birth\*

Place of birth\*

Gender\*

Marital status\*

National Insurance number

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Are you currently a UK resident?\*      Yes      No

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Post Yes No  
Email Yes No  
SMS Yes No

### Keeping you informed

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Work Mobile

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Would you like to receive these communications? Yes No

How would you like to be contacted:

Phone Yes No  
Post Yes No  
Email Yes No  
SMS Yes No

### Signatory shareholding

Please give details of any signatories who 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 and single director companies, your account must be operated by a minimum of two account signatories.

The maximum number of account signatories is four.

For accounts with multiple signatories, how many signatures would you like us to take as your authorisation for account operation: 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 store or call 0345 601 3344.

## Interest instructions

Interest will be automatically added to the account, unless specified. If you'd like the interest paid into a different bank or building society account, ask in store or call 0345 601 3344.

## Nominated bank account

You can send faster payments from your savings account to your UK current bank account. You'll just need to set up a nominated account with us by filling 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 visit [cambridgebs.co.uk/VerifyingYourID](https://cambridgebs.co.uk/VerifyingYourID) or ask for a copy of our 'Verifying your identity' leaflet in store or over the phone.

## Special requirements

If you have any additional support requirements, such as receiving communications in large print or you need someone to help manage your account, please tick this box and a member of our team will be in contact with you to discuss your requirements.

## 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 understand that this account does not convey membership or voting rights within The Cambridge Building Society
2. I/We agree to be bound by the Rules of the Society which are available upon request
3. I/We accept the terms and conditions applicable to this account
4. I/We agree that The Cambridge will use my/our information as stated in the Privacy Policy, which includes the potential consequences of third parties using your data. Visit [cambridgebs.co.uk/privacy-policy](https://cambridgebs.co.uk/privacy-policy) for more information.
5. This application form has been completed to the best of my/our knowledge and belief
6. 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
7. I/We authorise you to act on the instructions of the authorised account signatories. We will not hold The Cambridge responsible if the organisation suffers a loss as a result of acting on the instructions of the authorised account signatories. We will tell you immediately if the authorised account signatories are to be changed
8. 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 sign here**

Account Signatory One

Date

Account Signatory Two

Date

Account Signatory Three

Date

Account Signatory Four

Date

**Head Office Administration Centre**

51 Newmarket Road, Cambridge CB5 8EG  
thecambridge@cambridgebs.co.uk 0345 601 3344

[cambridgebs.co.uk](http://cambridgebs.co.uk)

The Cambridge Building Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration Number 157223  
[www.fca.org.uk/register](http://www.fca.org.uk/register)