

Children's Application Form



To apply for a First Account or Children's Bond

Please note

- 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 Cambridge will transfer the authority to operate the account to the applicant solely
- A child aged 10 or over can operate our First Account themselves

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

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.

Source of funds

Main applicant (the child)

Your name

Title*

Forenames*

Surname*

Your personal information

Date of birth*

Country of birth*

Place of birth*

Gender*

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

Signatory (to be completed by a Parent / Legal Guardian)

Your relationship to the child applicant

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

Main applicant (the child)

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)

Living with relatives Renting Other

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

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

(For main applicants aged 16 or over who will operate the account themselves.)

Mobile phone number*

Email address*

Home phone number

Signatory (to be completed by a Parent / Legal Guardian)

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)

Owner with/without mortgage Renting

Living with relatives/friends Other

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

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

Mobile phone number*

Email address*

Home phone number

Work phone number

Employment status?*

If employed, what is your occupation?*

Main applicant aged 18 or over/account signatory

Preferred telephone method: Home Work Mobile

Occasionally we would like to contact you about products and services from The Cambridge we think may be of interest to you. We do not market directly to under-18s. 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

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.

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 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

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. The Main applicant doesn't 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/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 for more information.
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