



Share Account Application

or Additional Applicant to existing account

This form can be completed electronically, Saved and printed.
If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes that apply.

1. Initial Investment

You must specify the account you wish to invest in before proceeding any further. All investors should fill in their details. If your application has more than 2 investors please complete an additional application form (indicating that this is for the 3rd and 4th applicants) and attach with this application.
 Joint Accounts - If an account is held in more than one person's name, then only the holder whose name appears first in our records will be entitled to membership rights (such as the right to receive notices of, and to attend and vote at meetings). This is subject to any rights given to other holders by any legislation.

Purpose of account (e.g. saving for a home or holiday, etc)	<input type="text"/>	I/We enclose (please make cheques payable to the account holder)	£ <input type="text"/>
Origin of funds (e.g. salary, inheritance, etc)	<input type="text"/>	Type of Account (type of account applied for)	<input type="text"/>

2. Personal Details

1st Applicant

2nd Applicant

Please complete this section if you are to be second named on a joint account or trustee.

Joint Trustee

Surname	<input type="text"/>	Surname	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Forename(s) in full	<input type="text"/>	Forename(s) in full	<input type="text"/>
Home telephone	<input type="text"/>	Home telephone	<input type="text"/>
Work telephone	<input type="text"/>	Work telephone	<input type="text"/>
Mobile Number	<input type="text"/>	Mobile Number	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Preferred correspondence	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Phone	Preferred correspondence	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Phone
Preferred contact time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Preferred contact time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Permanent address	<input type="text"/>	Permanent address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/>	Date of birth	<input type="text"/>
Marital status	<input type="text"/>	Marital status	<input type="text"/>
Are you related to any other customer at the Society?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to any other customer at the Society?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship	<input type="text"/>	Relationship	<input type="text"/>

3. Current employment status

1st Applicant

2nd Applicant

Occupation	<input type="text"/>	Occupation	<input type="text"/>
Sector	<input type="text"/>	Sector	<input type="text"/>
Name and address of your current employer	<input type="text"/>	Name and address of your current employer	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
How long have you worked for this employer	<input type="text"/>	How long have you worked for this employer	<input type="text"/>



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If employed or self employed for less than two years please provide previous job history

If employed or self employed for less than two years please provide previous job history

Annual Income

Annual Income

Other Income

Other Income

Where other income is detailed please confirm where this is from

Where other income is detailed please confirm where this is from

Self Employed Only

1st Applicant

Gross annual share of net income from partnership

Gross share of net profits for the most recent accounting period

2nd Applicant

Gross annual share of net income from partnership

Gross share of net profits for the most recent accounting period

4. Tax Liabilities

1st Applicant

Nationality

Are you a US Citizen?

If 'yes' please provide your US Tax Identification No. (TIN)

Are you resident for tax purposes anywhere other than the UK?

 Yes No

If 'yes' please list all the countries of which you are tax resident and provide your relevant tax reference or Taxpayer Identification No. (or functional equivalent).

2nd Applicant

Nationality

Are you a US Citizen?

If 'yes' please provide your US Tax Identification No. (TIN)

Are you resident for tax purposes anywhere other than the UK?

 Yes No

If 'yes' please list all the countries of which you are tax resident and provide your relevant tax reference or Taxpayer Identification No. (or functional equivalent).

The UK government has, and will be signing, a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other jurisdictions. The requirement to collect certain information about each customer's tax arrangement is part of UK legislation and as a financial services company we are legally obliged to collect it. We are asking for your tax residency and tax ID numbers (where applicable) and will record this on our records now, but will only disclose this information to the relevant tax authorities if and when we are required to under UK law.

Your tax residence generally is the country in which you live for more than half a year and where you pay income tax. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (dual residency).

As a financial institution we are not allowed to give tax advice. If you have any questions on how to complete this form we recommend you speak to your tax authority (HMRC in the UK) or your tax or legal adviser.

5. Interest Instructions

Please refer to product terms and conditions for interest payment options available to the account you are applying for.

Interest transferred monthly is paid on the 1st working day of the following month. For weekends and public holidays the interest will be received on the 1st working day following the 1st of the month. For interest transferred annually please refer to the details in the product guide provided. (Please tick appropriate box)

Monthly Annually At maturity Add to this account

Chorley Building Society account number to receive interest

Add to a separate bank/building society

Sort Code: - -

Account Number:

Account Name:

Reference:



6. Withdrawal Instructions

Withdrawals allowed on signatures of: One Signature Both/all signatures *(Refer to Savings Account Terms & Conditions for signature requirements)*

Correspondence Address

Please indicate which address you wish correspondence to be sent (Please tick relevant box) Applicant 1 address Applicant 2 address

Correspondence address if different from Applicant 1

Nominated Account Instructions

For accounts such as Bonds and some Regular Saver accounts the balance plus closing interest will be automatically transferred to a nominated account within the Society upon maturity. If this applies to the account you are opening please state your nominated account number that you wish funds to be transferred to:

7. Identification Requirements

Before opening an account at the Society all customers must fulfil the requirements of the Society's identification criteria. The Society will undertake an electronic identification check through its chosen credit reference agency. The Society reserves the right to request original documentary proof to support an application where necessary.

8. Financial Services Compensation Scheme

I/We acknowledge receipt of the FSCS information sheet (all applicants must sign).

1st Applicant

2nd Applicant

9. Keeping You Up To Date About Our Products and Services

From time to time the Society will send you information about other products and services we offer by post. We will only do this where we believe we have a legitimate interest to do so and it is not to the detriment of your interests, fundamental rights and freedoms. More information can be found in our privacy notice.

We also want to provide you with this information by Email and Telephone. If you do not wish to receive such material by these methods then please tick the appropriate boxes.

1st Applicant	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>
2nd Applicant	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>

10. Public Trust

Do you currently, or have you ever, held a senior position of public trust in the UK or elsewhere (i.e. as a politician, councillor or judge whether full or part time, paid or unpaid) or are/were you closely connected to anyone that does or did hold one of these positions? Yes No

If Yes, please provide further details

11. Your Personal Information and what we do with it

We are a data controller of your personal information. The way that we process your personal information is described in our Privacy Notice. This information is available on our website www.chorleybs.co.uk/privacy

12. Agreement to Assign Windfalls to Charity

If you had a share account or mortgage account with the Society on 22nd March 2000 and have maintained an open share account or mortgage account since that date, the wording in paragraphs 1 to 3 below does not apply to you, however, it must not be deleted.

1. By applying to open a share account on or after 23rd March 2000 I/we agree with the Society and the Charities Aid Foundation ("the CAF") that I/we will assign to the CAF (or to any charity(ies) nominated by it or by the Society under the provisions of a deed dated 22nd March 2000 between the Society and the CAF, in which case references to the CAF shall include references to any other charity(ies), but to no other person) the rights to any relevant conversion benefits (defined below). This obligation will not apply to me/us if I/we fall within any class of person's, which, as at today's date, the Society wishes to be excluded from such obligation. This agreement is irrevocable and authorises the Society to transfer to the CAF any such benefits without further notice to me/us. I/we understand that neither the Society nor the CAF will release me/us from this agreement or vary its terms and (except as set out in paragraph 2 below) I/we will continue to be bound by the above condition even if the Society decides at some time in the future (and announces any such decision by press release) that it is no longer in the best interests of the Society to continue with the above assignment condition generally in respect of new members.
2. (a) "Relevant conversion benefits" means any benefits to which I/we might become entitled as a shareholding member of the Society under the terms of any future transfer of the Society's business to a company (ie on a conversion or takeover) which is completed at any time within the seven years immediately following the date on which my/our share account is opened (or, if applicable, the shorter period as set out in the list available from the Society's Secretary). "Relevant conversion benefits" does not include the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company on a conversion or takeover.
 (b) If the Society merges with any other society, after the date of such merger the "Society" includes such other society.
3. I/we understand that the Society will pass to the CAF such information relating to me/us and my/our accounts with the Society as the CAF may reasonably require in order to administer this agreement to assign and the relevant conversion benefits and for no other purpose.

A list of the classes of persons which the Society currently wishes to be excluded from the obligation to assign or in respect of which a shorter period applies (this list may change from time to time but not with retrospective effect) is available on request from any Branch of the Society or the Society's Secretary at its principal office.



13. Declarations

I/We the person(s) whose signature(s) appear on this form declare that:

- Any share(s) acquired by me/us under this account will not be held by me/us as a bare trustee for a body corporate, or for persons who include a body corporate.
- I/We have read a copy of the last published Summary Financial Statement. Copies are available on request or can be downloaded from our website www.chorleybs.co.uk.
- I/We have read a copy of and agree to be bound by the Society's Memorandum of Rules. Copies are available on request or from our website www.chorleybs.co.uk.
- I/We agree to be bound by the conditions relating to the Agreement to Assign Windfalls to Charity as described above.
- I/We confirm this information is correct and I/we understand that I/we may request in writing, upon payment of a fee, a copy of the details, which are held about me/us on the Society's computer.
- I/We have read and understood the Savings Account Terms and Conditions and the marketing literature for the account I/we are applying for.
- I/We declare that the information given is correct to the best of my/our knowledge and belief.
- I/We have read and understood the Society's Privacy Notice which describes the way my personal information will be processed.
- I/We acknowledge that the information contained in this form and information regarding reportable account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information
- I/We undertake to advise Chorley Building Society within 30 days of any change in circumstances which affects my/our tax residency status or causes information contained herein to become incorrect, and to provide Chorley Building Society with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

This is our standard client agreement upon which we intend to rely. For your own benefit and protection, you should read carefully the information and terms contained in this application form and the terms and conditions in relation to this account before signing this form. If you do not understand any point, please ask for further information.

1st Applicant

2nd Applicant

Date

Date

If you are not the account holder, please indicate the capacity to which you are signing the form. If you are a Power of Attorney please also attach the certified copy of the power of attorney.

STAFF USE ONLY

Customer Advisor

Passbook Number

Date Opened

Is the account eligible under FSCS? Yes No

SCV ineligible indicator recorded?