

Children's Savings Application Form

These accounts are available to UK residents only.
These accounts are for personal use only.

Personal Details (please use block capitals)

Child - Holder

A Title Forenames

Surname

Mother's Maiden Name (for security purposes)

Gender

M F

Countries resident for tax purposes

Do you have a Tax Identification number for another country?
 YES NO If yes, country and number

Date of Birth

Nationality(s)

Residential Address

 Post Code

E-mail Address

Contact Preferences – Registered Contact

We would like to keep in touch with you about carefully selected products, services and offers that may be of interest to you:
Yes, I agree to you contacting me for these marketing purposes and would like to be contacted via:

E-mail Post SMS (text) Phone

You can withdraw your consent at any time, simply visit your local branch, call us on 01664 414141 or you can do this via your online account. If you do not consent to marketing, we will still contact you periodically to administer your products and services, as required by law. For example, we will continue to send you statements and statutory notices.

Name of account you wish to open:

Personal Details (please use block capitals)

Adult - Registered Contact

B Title Forenames

Surname

Mother's Maiden Name (for security purposes)

Gender Marital Status
 M F

Countries resident for tax purposes

Do you have a Tax Identification number for another country?
 YES NO If yes, country and number

National Insurance Number Date of Birth

Nationality(s)

Residential Address (Tick this box if address is the same as **A**)

 Post Code

Home Telephone Number Daytime Telephone Number

Occupation Industry/Sector e.g. Financial Services

E-mail Address

Funding Your Account

I/We would like to open this account with an initial deposit of

£

I/We will make this deposit by: Electronic Bank Transfer/Cheque/Cash/Other (Please Specify)

I/We expect to use the account for: Regular Saving/Specific Purpose/Other (Please specify)

I/We will be funding the account: From Savings with another Financial Institution/Inheritance/Proceeds from Land/House Sale/Other (Please Specify)

Expected number of transactions each month: less than 5 between 5-20 more than 20

Please Note: Cheques should be made payable in the name of the account holder(s). Please do not post cash.

Instructions for Withdrawals:

Where there is more than 1 registered contact: Both to Sign Either to Sign

Declaration by Savers:

Please read carefully before signing, by signing this application you are confirming your agreement and acceptance of the following, if you do not understand anything please speak to us for further assistance, I/We:

- agree to be bound by the Rules of the Society (a copy is available on request), the Terms and Conditions for the account and the General Terms and Conditions for Savings Accounts.
- have received a copy of the Charitable Assignment.
- have received a copy of the Privacy Notice which details how personal data will be processed, used and retained by Melton Building Society.
- have received a copy of the Financial Services Compensation Scheme leaflet.
- confirm that all information provided on this application is accurate and true to the best of my knowledge.

Name (**block capitals**)

Signature

Date

A

for children over the age of 7 years

B

Office Use Only	A/C Number	Customer Number	A/C Prefix
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