

BUSINESS SAVINGS APPLICATION FORM

(including LLPs and PLCs)



Full name of business:

Registered or Government issued no:

Business address:

Registered office:

Business telephone number:

Business trading names:

Business trading addresses:

Business type (please tick all that apply):

Limited company

Limited partnership

Partnership or unincorporated business

Other (please give details)

What is the nature/industry sector of the business?

What does the business do?

Annual turnover

Please confirm the countries in which you operate:

Account questionnaire

What is the purpose of the account

Frequency of deposit Regular deposit Occasional deposit One-off

Frequency of withdrawal Regular withdrawal Occasional withdrawal One-off

Source of deposits

Signatory details

A Title	Forename(s)
<input type="text"/>	<input type="text"/>
	<input type="text"/>
Surname	
<input type="text"/>	
Mother's maiden name (for security purposes)	
<input type="text"/>	
Gender	Marital status
<input type="text" value="M"/> <input type="text" value="F"/>	<input type="text"/>
Country of residence for tax purposes	
<input type="text"/>	
Do you have a Tax Identification number for another country?	
<input type="text" value="YES"/> <input type="text" value="NO"/>	<input type="text" value="If yes, country and number"/>
National insurance number	Date of birth
<input type="text"/>	<input type="text"/>
Nationality(s)	
<input type="text"/>	
Residential address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
Occupation	Industry/sector e.g. Financial Services
<input type="text"/>	<input type="text"/>
Daytime telephone number	Home telephone number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

Contact preferences Applicant **A**

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:

Email 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.

Nominated current account (must be an account held in the name of the business)

Name of account holder	Bank account number	Sort code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank name and address		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

B Title	Forename(s)
<input type="text"/>	<input type="text"/>
	<input type="text"/>
Surname	
<input type="text"/>	
Mother's maiden name (for security purposes)	
<input type="text"/>	
Gender	Marital status
<input type="text" value="M"/> <input type="text" value="F"/>	<input type="text"/>
Country of residence for tax purposes	
<input type="text"/>	
Do you have a Tax Identification number for another country?	
<input type="text" value="YES"/> <input type="text" value="NO"/>	<input type="text" value="If yes, country and number"/>
National insurance number	Date of birth
<input type="text"/>	<input type="text"/>
Nationality(s)	
<input type="text"/>	
Residential address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
Occupation	Industry/sector e.g. Financial Services
<input type="text"/>	<input type="text"/>
Daytime telephone number	Home telephone number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

Contact preferences Applicant **B**

Email Post SMS (text) Phone

C Title Forename(s)

Surname

Mother's maiden name (for security purposes)

Gender M F Marital status

Country of residence 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

Postcode

Occupation Industry/sector e.g. Financial Services

Daytime telephone number Home telephone number

Email address

Contact preferences Applicant C

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D Title Forename(s)

Surname

Mother's maiden name (for security purposes)

Gender M F Marital status

Country of residence 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

Postcode

Occupation Industry/sector e.g. Financial Services

Daytime telephone number Home telephone number

Email address

Contact preferences Applicant D

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:

Email Post SMS (text) Phone

Shareholdings

We are required by law to confirm the identity of all parties who own or control more than 25% of the business capital, profit or voting rights. Please confirm if the signatories own/control more than 25% of the company.

Signatory A Signatory B Signatory C Signatory D

Please give the details of any other individuals/business(es) who own or control more than 25% of the business capital, profit or voting rights:

Voting rights Share holder

Please detail the percentage of voting rights/shares:

Title	Surname	Forename(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent residential address

Postcode

Voting rights Share holder

Please detail the percentage of voting rights/shares:

Title	Surname	Forename(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent residential address

Postcode

Voting rights Share holder

Please detail the percentage of voting rights/shares:

Title	Surname	Forename(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent residential address

Postcode

Voting rights Share holder

Please detail the percentage of voting rights/shares:

Title	Surname	Forename(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent residential address

Postcode

Investment details

I/we enclose a cheque for the amount of £

I/we wish to transfer £ as a principle sum to be invested in my/our chosen business savings account from Melton Building Society account number

Cheques should be made payable in the name of the business account name.

Please note that additional documentation will be required to support your application. You can find details of the supporting documents required for your entity type in our Corporate Savings Identification and Verification leaflet. Personal ID will also be required for all signatories.

Instructions for withdrawals

All to sign Applicant A Applicant B Applicant C Applicant D

Interest instructions

- Please credit all interest directly to account
- Please transfer to my/our nominated bank/building society account detailed above in section

Additional questions for account holders

- Does your company have more than 50 employees? Yes No
- Does your companys balance sheet total more than £8.5 million? Yes No
- Does your company have a turnover of £8.5 million or more? Yes No

By completing this form I/we declare:

- that the principal sum is being invested in the Melton Building Society by me/us as representatives of the business named on this form.
- that I/we have read and understood the terms of issue of the chosen business savings account and general savings terms and conditions.
- that this investment is made in accordance with the terms of issue for the business savings account.
- I/we understand that the Melton Business Savings accounts are to be used primarily for business savings and that the Melton Building Society reserves the right to close my/our business account/s, in accordance with the notice period required, where the account/s is/are not being used in the manner intended.
- confirm that all relevant income will be declared to HMRC for tax purposes.

I/WE AGREE AND DECLARE that I wish to open an account in accordance with the rules of the Society, the account conditions and this agreement. For your own benefit and protection you should read these carefully before signing your agreement with them. If you do not understand please ask for further assistance.

- I/We acknowledge receipt of the Melton Building Society Privacy Notice in relation to how my personal data is processed which I/we have read and understood
- I confirm that I/We have received and read the Financial Services Compensation Scheme Information Leaflet

Name (block capitals)	Signature	Date

Office use only	GBURU:	A/C no:	Checked by:
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