

Business Account Application Form



Office use only

Account number

For use only by corporate bodies eg. Registered Private Limited Companies or Local Authorities.

Before signing this form you should check that all of the information is recorded accurately and read the Declaration overleaf. For important information about the new account with the Society refer to the Savings Terms & Conditions, Privacy Notice, the relevant savings account leaflet and the Rules of the Society. If you have any questions, please ask the Customer Service Advisor dealing with your application or contact our Head Office on 0121 557 2551.

Company details

Name of organisation	<input type="text"/>		
Type of organisation <i>(eg. limited company, partnership, not for profit)</i>	<input type="text"/>		
Business/Activity	<input type="text"/>		
Registered charity number <i>(if applicable)</i>	<input type="text"/>	Operating address <i>(if different from Principle Business Address)</i>	<input type="text"/>
Principle Business address	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Date effective from	<input type="text"/>	Date effective from	<input type="text"/>
Email address	<input type="text"/>	Company number	<input type="text"/>
Telephone number	<input type="text"/>	Is this business subject to UK law only? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of all directors	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	

Directors details

Director 1	Director 2
Title	Title
Full name	Full name
Surname	
Date of birth	Date of birth
Address	Address
Postcode	Postcode
Nationality	Nationality
National Insurance number	National Insurance number
Shareholding (%)	Shareholding (%)
Tick to confirm that you have received a Savings Welcome Pack	Tick to confirm that you have received a Savings Welcome Pack
Tick to confirm you have received, read and understood the Deposit Guarantee Scheme Information Sheet	Tick to confirm you have received, read and understood the Deposit Guarantee Scheme Information Sheet
Tick to confirm that you have received a copy of our Privacy Notice	Tick to confirm that you have received a copy of our Privacy Notice

Directors details

Director 3

Title	<input type="text"/>
Full name	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Nationality	<input type="text"/>
National Insurance number	<input type="text"/>
Shareholding (%)	<input type="text"/>
Tick to confirm that you have received a Savings Welcome Pack	<input type="checkbox"/>
Tick to confirm you have received, read and understood the Deposit Guarantee Scheme Information Sheet	<input type="checkbox"/>
Tick to confirm that you have received a copy of our Privacy Notice	<input type="checkbox"/>

Director 4

Title	<input type="text"/>
Full name	<input type="text"/>
	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Nationality	<input type="text"/>
National Insurance number	<input type="text"/>
Shareholding (%)	<input type="text"/>
Tick to confirm that you have received a Savings Welcome Pack	<input type="checkbox"/>
Tick to confirm you have received, read and understood the Deposit Guarantee Scheme Information Sheet	<input type="checkbox"/>
Tick to confirm that you have received a copy of our Privacy Notice	<input type="checkbox"/>

Tax residency status

Director 1

Country of birth	<input type="text"/>
Are you a citizen of any country outside the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you resident, for tax purposes, in any country outside the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a citizen of the USA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list all countries, other than the UK, of which you are tax resident. Please also provide the relevant Tax Identification Number (TIN)	
Country	<input type="text"/>
TIN	<input type="text"/>

Director 2

Country of birth	<input type="text"/>
Are you a citizen of any country outside the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you resident, for tax purposes, in any country outside the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a citizen of the USA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list all countries, other than the UK, of which you are tax resident. Please also provide the relevant Tax Identification Number (TIN)	
Country	<input type="text"/>
TIN	<input type="text"/>

Director 3

Country of birth	<input type="text"/>
Are you a citizen of any country outside the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you resident, for tax purposes, in any country outside the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a citizen of the USA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list all countries, other than the UK, of which you are tax resident. Please also provide the relevant Tax Identification Number (TIN)	
Country	<input type="text"/>
TIN	<input type="text"/>

Director 4

Country of birth	<input type="text"/>
Are you a citizen of any country outside the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you resident, for tax purposes, in any country outside the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a citizen of the USA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list all countries, other than the UK, of which you are tax resident. Please also provide the relevant Tax Identification Number (TIN)	
Country	<input type="text"/>
TIN	<input type="text"/>

Authorised Signature(s) details

Authorised Signatory 1

Title	<input type="text"/>
Full name	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Position in company	<input type="text"/>

Authorised Signatory 2

Title	<input type="text"/>
Full name	<input type="text"/>
	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Position in company	<input type="text"/>

Authorised Signatory 3

Title	<input type="text"/>
Full name	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Position in company	<input type="text"/>

Authorised Signatory 4

Title	<input type="text"/>
Full name	<input type="text"/>
	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Position in company	<input type="text"/>

Account information

Type of account	<input type="text"/>		
Source of deposit	<input type="text"/>		
Number of signatures required for withdrawal	<input type="text"/>		
How are you intending to fund the account?	Cash	<input type="checkbox"/>	
	Cheque	<input type="checkbox"/>	
	Electronic payments	<input type="checkbox"/>	

Marketing of products and services

We would occasionally like to keep you informed with details of the products, services and other promotions that we think may be of interest to you and to introduce you to or pass your details to other organisations for them to use in the same way. Please tick any of the boxes below to tell us how you would like to be contacted. By ticking these boxes, you are agreeing to receive communications from us.

Post Telephone Email Mobile phone SMS

You can change your contact preferences or stop marketing communication at any time by getting in touch by visiting our website - www.thetipton.co.uk, calling us on 0121 557 2551, emailing us at info@thetipton.co.uk or writing to 70 Owen Street, Tipton, West Midlands, DY4 8HG.

Proving your identity

To comply with money laundering regulations and to protect our customers from fraud, we must confirm the identity and address of every applicant. We are able to access credit reference agency databases which, in most cases, will allow us to open your account without any paper-based identification. This will show as a search of the database only and not a credit score, so will not affect your credit rating. If we do need further proof of identification, we will let you know. These requirements will depend on how and where you are opening your account. We will not carry out credit reference agency searches against customers under 18.

Your declaration (continued)

For your own benefit and protection, you should read carefully the information and terms contained in this application form, including the declaration below, and the conditions relating to this account referred to below before signing this form. If you do not understand any point, please ask for further information.

Your declaration - In signing this application form, you confirm the following declaration:

- The sum of £_____ is being invested in the Tipton & Coseley Building Society by me/us as sole beneficial owner(s).
- I/We agree to be bound by the Rules of the Society, the Society's Terms and Conditions for Savings Accounts and any specific conditions applicable to this account a copy of which I/we have received.
- I/We declare that the information I/we have given on this form is true to the best of my/our knowledge and belief and undertake to inform the Society of any changes in my/our circumstances.
- I/We agree to the Society using my/our information in the manner specified in the Privacy Notice, a copy of which I/we have received.
- I/We declare that this investment is within the Articles of Association/Rules and that it has been properly authorised by the Board/Committee. A copy of the minutes are attached.

Account Withdrawals

Withdrawals may be made on the following number of signatures:-

All / both signatures

Any / either signatures

Any out of signatures

By signing you indemnify us against any claim regarding such withdrawals. For joint accounts, each applicant must sign.

Authorised Signatory 1		Date	
Authorised Signatory 2		Date	
Authorised Signatory 3		Date	
Authorised Signatory 4		Date	

OFFICE USE ONLY

V1.000 1 May 2019

Date Opened	First Check	Second Check	Sample Check
Companies House	First Check	Second Check	
Customer Number Director 1	Identity (PIDE List 1)	Identity (PIDE List 2)	
Customer Number Director 2	Identity (PIDE List 1)	Identity (PIDE List 2)	
Customer Number Director 3	Identity (PIDE List 1)	Identity (PIDE List 2)	
Customer Number Director 4	Identity (PIDE List 1)	Identity (PIDE List 2)	
Customer Number Auth Signatory 1	Identity (PIDE List 1)	Identity (PIDE List 2)	
Customer Number Auth Signatory 2	Identity (PIDE List 1)	Identity (PIDE List 2)	
Customer Number Auth Signatory 3	Identity (PIDE List 1)	Identity (PIDE List 2)	
Customer Number Auth Signatory 4	Identity (PIDE List 1)	Identity (PIDE List 2)	