

# THE YORKSHIRE DEPOSIT BOND

## ACCOUNT APPLICATION FORM

### PLEASE USE BLOCK CAPITALS

This form is for PERSONAL depositors only.

A separate form is available for corporate depositors.



### The account details

#### YORKSHIRE DEPOSIT BOND

Basic terms and conditions

- 12 month fixed term deposit bond
- Minimum investment £1,000

#### Interest rates

A separate leaflet showing current interest rates should accompany this form. If not, you can download the current rates from our website [www.charitybank.org](http://www.charitybank.org), request a leaflet by email at [enquiries@charitybank.org](mailto:enquiries@charitybank.org) or call us on **01732 774040**.

### 1. I/we would like to open a Yorkshire Deposit Bond account

I/we would like to open the account with

£

\_\_\_\_\_ (minimum balance £1,000)

- Please enclose cheque payable to Charity Bank

## APPLICATION DETAILS

### 2. First Applicant

Title Dr / Mr / Mrs / Miss / Ms / Other

First Name(s)

Surname

Place of birth

Date of Birth

Country of birth

Full permanent address

Post code

National Insurance Number

Home telephone number (including code)

Work telephone number (including code)

E mail address

Time at current address

Years

Months

Previous address (if less than three years at current address)

Marital status

Number of dependants

If you hold another Charity Bank account please provide the account number

#### **IMPORTANT UK Residents**

*To conform with the terms of the Money Laundering Regulations 1993 and Prevention of Money Laundering/ Combating the Financing of Terrorism - Guidance Notes 2003, the Bank will carry out an electronic search to verify your identity. This involves checking the details you supply against those held on any databases that Experian - the credit reference agency - has access to.*

*This includes information from the Electoral Register and fraud prevention agencies. We will use scoring methods to verify your identity. A record of this search will be kept by the credit reference agency that may be used to help other companies to verify your identity. We may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record and share this information with other organisations.*

*If we are unable to confirm your identity by electronic means, we will need to ask you for at least two items of documentary evidence to prove your identity before opening an account.*

Please tick this box to indicate your agreement to the bank carrying out an electronic search.

#### **Non UK Residents**

*If you are not a resident of the UK, we will be unable to carry out an electronic check and will require documentary evidence of your identity. This would normally include a copy of your passport certified by an Embassy or Bank official and a certified copy of a bank statement showing your address.*

*To conform with the European Savings Directive, the following information is required for individuals resident in a EU Member State, UK Crown Dependencies and overseas territories, Netherlands Territories, Switzerland, Andorra, Liechtenstein, Monaco or San Marino unless the individual is exempt from income tax in the EU country of residence:*

Tax Identification No (TIN) on a document certified by the Embassy consulate or a Notary.

3. **Second/Further Applicant**

Title Dr / Mr / Mrs / Miss / Ms / Other

First Name(s)

Surname

Place of birth

Date of Birth

Country of birth

Full permanent address

Post code

National Insurance Number

Home telephone number (including code)

Work telephone number (including code)

E mail address

Time at current address

Years

Months

Previous address (if less than three years at current address)

Marital status

Number of dependants

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4. **Interest instructions**

If you have opted to receive interest it will be paid annually on maturity, i.e. 12 months, net of tax unless you are eligible for payment gross and have completed a Form R85/R105. You have a range of options on what to do with your interest. Please select one of the following choices below:

*Please tick*

- Add interest to my/our account
- I/we wish to donate my/our interest to the Charity Bank Founder Reserve
- I/we wish to donate my/our interest to a charity of my/our choice (name and address of charity)

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5. **Taxation status**

- I am/we are not a tax payer and apply to receive interest without tax deducted.
- I am/we are UK resident and have completed HM Revenue and Customs Form(s) R85 attached.
- I am/we are not UK resident and have completed HM Revenue and Customs Form(s) R105 attached.

The terms and conditions applying to deposit and savings accounts held with Charity Bank are contained in the 2006 edition of Charity Bank Deposit Accounts General Terms and Conditions. If you change your mind within 14 days of opening an account, you can either transfer your savings to another Charity Bank account or we will refund all of your money together with any interest at the appropriate rate applying to the original account.

**Data Protection**

Charity Bank will use your information to provide the charitable products / service you have requested. We will not disclose your information to any outside organisation except as part of providing that product / service or when legally advised to do so. If you do not wish to receive details of our other products, services and events then please let us know in writing.

6. If you are applying for a joint account, how many and which signatures will be needed to operate the account? (Insert names)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

7. **Signatures.** All applicants must sign below

First Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Second Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Third Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Fourth Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Fifth Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Sixth Applicant

\_\_\_\_\_

Date

**Please return this application form to:**

Freepost **RRXA-XECH-RYBZ**  
The Charity Bank Limited  
194 High Street  
Tonbridge  
TN9 1BE

To help us as a charity, please affix a postage stamp if possible.



**A different bank**  
for people who want  
**a different world**

Charity Bank in the North  
Pannell House,  
6 Queen Street,

Leeds LS1 2TW  
Phone: 0844 5618230  
Fax: 0844 335 0642  
enquiriesnorth@charitybank.org  
Web site: www.charitybank.org

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**Regional Office:** Charity Bank in the North, 1 City Square, Leeds, LS1 2ES. Tel: 0844 561 8230

