



Business Savings Account Application Form

Business Savings Account Application Form

This form can be used for Sole Traders, Partnerships, Limited Companies, Charities, Clubs and Societies.
Please complete ALL sections in BLOCK CAPITALS.

Section 1 – Account Type

Please open a:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Business Instant | <input type="checkbox"/> Business 30 | <input type="checkbox"/> Business 100 |
| <input type="checkbox"/> Client Instant | <input type="checkbox"/> Client 100 | <input type="checkbox"/> Charity Instant |
| <input type="checkbox"/> 12 Month Fixed
Term Deposit | | |

Section 2 – Initial Deposit

I/We would like to open this account with minimum £1.00

You can make an initial deposit by transfer from an existing Bath Building Society account or electronic transfer, cash or cheque.

Section 3 – Business Details

Business Name	<input type="text"/>
Correspondence/Business Address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Registered Address (if different)	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Company or Charity Registration Number and/or FCA Number	<input type="text"/>
Mobile* (UK only)	<input type="text"/>
Telephone (including STD code)	<input type="text"/> <input type="text"/>
Email	<input type="text"/>
Website	<input type="text"/>
What is the legal status of your business?	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Club/Society

*This is required if we need to contact you for security reasons.

Section 3 – Business Details (continued)

Nature and Purpose of the Business

- Details of persons with significant control such as Directors and Shareholders, with over 25% Shareholding and Trustees, who are not signatories on the account are required.
- Clubs and Societies must include a copy of the minutes confirming their intention to open an account.
- Charitable organisations must include a letter from their governing body, stating their intention to open an account and the names of all the signatories required to operate the account.
- Bath Building Society is covered by the Financial Service Compensation Scheme (FSCS). Providing you meet the eligibility criteria (details of exclusions can be found at www.fscs.org.uk and on the FSCS Exclusions List provided) your eligible deposits with the Society are protected up to a total of £85,000 by the FSCS, the UK's deposit protection scheme. Any deposits you hold above the £85,000 limit are not covered.

Section 4 – Running Your Business

How many employees does the business have?

What was the turnover for the last 12 months? £

What is the anticipated turnover for the next 12 months? £

Section 5 – Required Account Information

How often do you expect to use the account? Monthly Quarterly
 Half Yearly Annually

Please tick the box which most accurately reflects the anticipated turnover of this deposit account, excluding your initial deposit, during a typical year: Up to £20,000 £20,000–£50,000 £50,000–£100,000
 £100,000–£250,000 £250,000+

Section 6 – Resolution

(only to be completed if you are applying as a Limited Company)

I/We certify that a meeting of the Directors/
Partners of (the 'Business')

Whose registered office is

Postcode

Was held on

and the following resolution was passed by a quorum of the authorised persons present.

That one or more accounts be opened with Bath Building Society and that Bath Building Society is authorised to accept instructions given by the business relating to withdrawals and transfers in accordance with the signing mandate supplied. I/We also confirm that the persons signing the declaration have the relevant authority to act on behalf of the business in the opening and operation of this/these accounts.

Company Secretary's Name

Signature

Date

Section 7 – Authority to Accept Email Instructions

Please only complete this section if you wish to operate your account by email.

Declaration:

I/We understand the additional fraud risks of operating my/our account by email. I/We authorise Bath Building Society to only accept email instructions from the address below and only for withdrawals to my/our nominated bank account.

Transactions are based on the balance held on the account, not on the balance shown in the passbook.

The Society uses standard email only and you should therefore take care when requesting or providing personal information. Use of email to provide personal data is done so at your own risk and the Society cannot be held responsible for third party interception.

I/We understand that email instructions must be sent to savings@bibs.co.uk and must be received by 3pm to ensure they are actioned on the day received. I/We will not hold Bath Building Society liable for any loss incurred provided they operate in accordance with these instructions.

Email address for instructions

Section 8 – Nominated Bank Account for Withdrawal Purposes and Payment of Interest

You must have another Bank or Building Society account for transferring money out of your savings account and, if required, to receive your interest. The account must be in your name (or joint names if it is a joint account) and must be able to accept electronic payments via the Faster Payments Service. If the opening cheque is not from this nominated bank account, please forward a recent statement, as evidence that this is a personal current account in your name(s).

Bank/Building Society name

Bank/Building Society account in the name(s) of

Bank/Building Society account number

Sort Code

I/We would like my/our interest to be: Added to the account annually or Paid to the Bank/Building Society annually

Withdrawal instructions for joint accounts only – please indicate whether you wish withdrawals to be authorised by one or both signatures.

Section 9 – Operation of Account

I/We agree that all or part of the money in this account may be withdrawn on the authority of:

Any one Signatory All authorised Signatories Or any (enter number) Signatory(ies) to sign

Section 10 – Applicant Details

Please complete all fields (if more than two Applicants, please refer to the additional Applicant form).

Applicant 1

Title	<input type="text"/>	Forename(s)	<input type="text"/>								
Surname	<input type="text"/>	Date of Birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Telephone (including STD code)	<input type="text"/>	Mobile* (UK only)	<input type="text"/>								
Email	<input type="text"/>										
Existing Society account number**	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Residential Address	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
	Postcode										
Number of years at current address	<input type="text"/>										
If you have lived at your current address for less than two years, please give your previous address:	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
	Postcode										

Applicant 2

Title	<input type="text"/>	Forename(s)	<input type="text"/>								
Surname	<input type="text"/>	Date of Birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Telephone (including STD code)	<input type="text"/>	Mobile* (UK only)	<input type="text"/>								
Email	<input type="text"/>										
Existing Society account number**	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Residential Address	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
	Postcode										
Number of years at current address	<input type="text"/>										
If you have lived at your current address for less than two years, please give your previous address:	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
	Postcode										

*This is required if we need to contact you for security reasons.

**Only if applicable.

Section 10 – Applicant Details (continued)

Please complete all fields

Applicant 3

Title	<input type="text"/>	Forename(s)	<input type="text"/>
Surname	<input type="text"/>	Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Telephone (including STD code)	<input type="text"/> <input type="text"/>	Mobile* (UK only)	<input type="text"/>
Email	<input type="text"/>		
Existing Society account number**	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Residential Address	<input type="text"/> <input type="text"/> <input type="text"/>		
	Postcode <input type="text"/>		
Number of years at current address	<input type="text"/>		
If you have lived at your current address for less than two years, please give your previous address:	<input type="text"/> <input type="text"/> <input type="text"/>		
	Postcode <input type="text"/>		

Applicant 4

Title	<input type="text"/>	Forename(s)	<input type="text"/>
Surname	<input type="text"/>	Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Telephone (including STD code)	<input type="text"/> <input type="text"/>	Mobile* (UK only)	<input type="text"/>
Email	<input type="text"/>		
Existing Society account number**	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Residential Address	<input type="text"/> <input type="text"/> <input type="text"/>		
	Postcode <input type="text"/>		
Number of years at current address	<input type="text"/>		
If you have lived at your current address for less than two years, please give your previous address:	<input type="text"/> <input type="text"/> <input type="text"/>		
	Postcode <input type="text"/>		

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**Only if applicable.

Section 11 – Keeping you informed

We would like to keep you informed about our latest product and service news. This is most likely where you will hear about news on interest rates and new product launches, some of which may have limited availability so you may want to hear about them first! Our Newsletters and Customer emails contains features and articles relevant to our Customers and occasionally we will offer you competitions to enter. **We do not share your information with other firms for marketing purposes.**

We may contact you in a number of ways, as outlined below, if you do NOT wish us to contact you at all or by a particular method you can opt-out by ticking one or more of the boxes below.

Applicant 1	<input type="checkbox"/> Email	<input type="checkbox"/> Post	<input type="checkbox"/> Telephone
Applicant 2	<input type="checkbox"/> Email	<input type="checkbox"/> Post	<input type="checkbox"/> Telephone
Applicant 3	<input type="checkbox"/> Email	<input type="checkbox"/> Post	<input type="checkbox"/> Telephone
Applicant 4	<input type="checkbox"/> Email	<input type="checkbox"/> Post	<input type="checkbox"/> Telephone

Section 12 – Signatory Details – This section ONLY needs to be completed by Directors or Shareholders with over 25% shareholding who are not signatories – Please complete all fields.

Director/Shareholder 1

Title	<input type="text"/>	Forename(s)	<input type="text"/>
Surname	<input type="text"/>	Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Telephone (including STD code)	<input type="text"/>	Mobile* (UK only)	<input type="text"/>
Email	<input type="text"/>		
Existing Society account number**	<input type="text"/>		
Residential Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Number of years at current address	<input type="text"/>		
If you have lived at your current address for less than two years, please give your previous address:	<input type="text"/>		
	<input type="text"/>		
	Postcode		

*This is required if we need to contact you for security reasons.

**Only if applicable.

Section 12 – Signatory Details (continued)

Director/Shareholder 2

Title	<input type="text"/>	Forename(s)	<input type="text"/>
Surname	<input type="text"/>	Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Telephone (including STD code)	<input type="text"/> <input type="text"/>	Mobile* (UK only)	<input type="text"/>
Email	<input type="text"/>		
Existing Society account number**	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Residential Address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode		
Number of years at current address	<input type="text"/>		
If you have lived at your current address for less than two years, please give your previous address:	<input type="text"/> <input type="text"/> <input type="text"/> Postcode		

Director/Shareholder 3

Title	<input type="text"/>	Forename(s)	<input type="text"/>
Surname	<input type="text"/>	Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Telephone (including STD code)	<input type="text"/> <input type="text"/>	Mobile* (UK only)	<input type="text"/>
Email	<input type="text"/>		
Existing Society account number**	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Residential Address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode		
Number of years at current address	<input type="text"/>		
If you have lived at your current address for less than two years, please give your previous address:	<input type="text"/> <input type="text"/> <input type="text"/> Postcode		

*This is required if we need to contact you for security reasons.

**Only if applicable.

Section 13 – Privacy – Your Personal Information

We need to collect information about you in order to open and administer your savings account. The legal basis on which we process your data will be either that the processing is necessary for us to perform our contract with you or for taking steps prior to entering into it; necessary to comply with our legal obligations; in our legitimate business interests in relation to such purposes or with your consent.

If you make a joint application with your spouse, partner, family member or another party, we will also need to collect personal information about that person. If you make a joint application on behalf of the joint applicant, you agree to show them our Privacy Notice and that you have all necessary consents to enable you to provide us with their information.

The information we collect is used to verify your identity, administer your accounts, provide you with our services and to communicate with you about other products or services of ours that we think may be of interest to you.

When using your information we may also share information with anyone you appoint to administer or operate your account; regulatory and government bodies; auditors; any individuals/organisations that we use to provide services to us; and any other person or organisation if the law, public duty or our legitimate interests require us to do so.

We may send your details to credit reference agencies and/or fraud prevention agencies who will supply us with information for the purpose of verifying your identity, including information from the Electoral Register. We reserve the right to carry out further checks of your identity and address should we need to in order to comply with our legal and regulatory obligations. The credit reference agencies will record details of the search whether or not the application proceeds. The searches will not be seen or used by lenders to assess your ability to obtain credit. Credit searches and other information which is provided to us and/or the credit reference agencies or fraud prevention agencies about you and those with whom you are linked financially may be used by Bath Building Society and other companies if you, or other members of your household, apply for other facilities, including insurance applications and claims. This information may also be used for debt tracing and the prevention and detection of fraud or money laundering as well as the management of your account. Alternatively, we may ask you to provide physical forms of identification.

In making your application you acknowledge that you have received and read the summary of our Privacy Notice. Our full Privacy Notices are available from Branches and Head Office on request, and on our website at www.bathbuildingsociety.co.uk

Section 14 – Agreement to Assign Windfalls to Charity

1. I/We agree with the Society that, if the right to any windfall benefits are granted to me/us after the account is opened, I/We will assign those windfall benefits to the Charities Aid Foundation unless the period between account opening and conversion announcement is more than five years. After five years I/We would receive the windfall benefits.
2. I/We authorise the Society and the successor to pass any windfall benefits directly to the Charities Aid Foundation without notice to me/us.
3. I/We understand that:
 - i) The Society has promised to transfer to the Charities Aid Foundation the benefit of the agreement;
 - ii) Neither the Society or the Charities Aid Foundation will release me/us from this agreement;
4. I/We authorise the Society to give the Charities Aid Foundation any information about me/us and the account I/We have with the Society (if they reasonably need it).

Section 15 – Declaration

I/We agree to be bound by the rules of the Society and the terms of the account including the Terms and Conditions and the Agreement to Assign Windfalls to Charities set out within this form. A copy of the Rules is available from Head Office and our Branches.

I/We declare that the money being saved is my/our own and will not be held by me/us as a trustee for a body corporate, or persons who include a body corporate.

I/We confirm that I/We have read the section headed 'Privacy – Your Personal Information' and the Privacy Notice referred to which can be found on your website www.bathbuildingsociety.co.uk

By signing this form, you are confirming that you are not resident or tax resident in any other country other than the UK and that you have received and read the enclosed Financial Services Compensation Scheme information & Exclusions List.

Applicant Name	<input type="text"/>
	<input type="text" value="Signature"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>
Applicant Name	<input type="text"/>
	<input type="text" value="Signature"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>
Applicant Name	<input type="text"/>
	<input type="text" value="Signature"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>
Applicant Name	<input type="text"/>
	<input type="text" value="Signature"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>



Office use only

Account Number

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Application Received

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date Opened

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Office

Welcome Letter Sent

Opened by

Version

Checked by

Please return your completed form to:

Bath Building Society, Customer Service Department,
15 Queen Square, Bath BA1 2HN or you can take it to one of our
Branches, or email it to savings@bibs.co.uk

We're different because you are

Head Office

15 Queen Square,
Bath BA1 2HN

Telephone

01225 423271

Email

savings@bibs.co.uk

Web

www.bathbuildingsociety.co.uk

Telephone calls may be recorded to help the Society to maintain high standards of service delivery.

Bath Investment & Building Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority, Registration Number 206026.

