APPLICATION FORM:

Adult Savers Savings Bonds

Account No | | | | | | | | | | |

Please complete this form in BLACK INK with BLOCK CAPITALS

ACCOUNT TYPE

Name of the bond account I wish to open: .....

With a deposit of £ ..... Source of deposit: .....

You can make one deposit into this account of between £1,000 and £1,000,000.

PERSONAL DETAILS (Applicant 1)

Title: ..... Marital status: ..... Date of birth: .....

First Name(s): ..... Surname: .....

Country of birth: ..... City of birth: .....

National insurance number: | | | | | | | | | |

Permanent address: .....

..... Post code: .....

(If less than 12 months please provide previous address details)

Previous address: .....

..... Post code: .....

Dates resided at previous address: From ..... To .....

Home telephone: ..... Mobile telephone: .....

Email address: .....

Employment status: ..... Occupation: .....

PERSONAL DETAILS (Applicant 2)

Title: ..... Marital status: ..... Date of birth: .....

First Name(s): ..... Surname: .....

Country of birth: ..... City of birth: .....

National insurance number: | | | | | | | | | |

Permanent address: .....

..... Post code: .....

(If less than 12 months please provide previous address details)

Previous address: .....

..... Post code: .....

Dates resided at previous address: From ..... To .....

Home telephone: ..... Mobile telephone: .....

Email address: .....

Employment status: ..... Occupation: .....

Correspondence will be sent to the address stated by Applicant 1

TAX RESIDENCY (Applicant 1)

Are you a resident for tax purposes only in the UK? ☐ Yes ☐ No

Are you a citizen only of the UK? ☐ Yes ☐ No

Please list the countries other than the UK of which you are a tax resident, if any, together with any associated tax reference number.

Country/Countries of tax residency	Tax reference number
.....	.....
.....	.....

TAX RESIDENCY (Applicant 2)

Are you a resident for tax purposes only in the UK? ☐ Yes ☐ No

Are you a citizen only of the UK? ☐ Yes ☐ No

Please list the countries other than the UK of which you are a tax resident, if any, together with any associated tax reference number.

Country/Countries of tax residency	Tax reference number
.....	.....
.....	.....

JOINT ACCOUNT HOLDERS ONLY

We authorise the Society to permit the following signatures to operate the account(s):

☐ Any one signature ☐ All signatures required

IMPORTANT: PLEASE READ AND SIGN THE DECLARATION BELOW

AGREEMENT TO ASSIGN AND INVESTOR DECLARATION

I/We have read the section titled 'Charitable assignment' within the General Terms and Conditions for Retail Savings Accounts, and agree that I/we will transfer to the Charitable Aid Foundation my/our rights to any windfall conversion benefits to which I/we may be entitled to, unless I/we fall within the exceptions contained within that section. Further details of this are available in the General Terms & Conditions for Retail Savings Accounts on the website and a copy can be posted to you on request.

PRIVACY NOTICE

- Data Protection regulations require Harpenden Building Society (the Society) to inform customers about how their personal data will be processed.
- Personal data includes customer's name, addresses, financial information and other personal information needed for opening an account.
- The Society will restrict its processing of your personal data to the minimum required to open and manage your account, update you on your account status and inform you of any new savings products. Your personal information will also be processed to comply with the Society's legal and regulatory obligations and to ensure that we continue to operate the Society in a way to safeguard your investment.
- The Society will not send you marketing material on any other services and will not share your personal details with any other organisation for marketing purposes, without your consent.
- Your personal details will be stored securely by the Society and its specialist suppliers, in countries that have equivalent data protection rules, and will only be used to communicate with you whilst you have an account with the Society.
- Further information on how the Society handles your personal data is available under the 'Privacy' menu option on our website.
- You are entitled to request the Society to restrict its use of your personal data. If you have any questions about how we manage your personal data, or wish to make a complaint, please contact the Data Protection Officer in the first instance on: privacy@harpendenbs.co.uk.
- If you are not satisfied with the handling of your complaint by the Society, you can also make a complaint to the Information Commissioner's Office on: ico.org.uk.

INVESTOR DECLARATION

It is essential that you read and understand the terms within this declaration before signing below.

1. I/We consent and acknowledge that the Society will carry out an electronic check to verify my/our identity.
2. I/We confirm that the account will not be held by me/us as a trustee for a corporate body, or for persons who include a corporate body.
3. I/We agree to the specific terms and conditions applying to the account, the General Terms & Conditions for Retail Savings Accounts and to be bound by the rules of the Society (a copy of which is available on the website and/or can be posted to you upon request).
4. I/We declare that the information provided on the application form is true to the best of my/our knowledge and belief.
5. I/We will inform the Society of any changes in our citizenship or tax residency such as moving outside the UK that may affect this declaration.
6. I/We authorise the Society to operate the account according to the instructions indicated on this application form.
7. I/We have read the section titled Privacy Notice and understand that the Society must process my/our personal information in order to provide a savings account.

This is our standard customer agreement upon which we intend to rely. For your own benefit and protection you should fully read the declarations on this application form and the terms and conditions on the account that you wish to open. You should do this before signing this application form.
If you do not understand any of the points please ask us for further information. You are confirming the receipt of the Financial Services Compensation Scheme Information Sheet and Exclusions List.

Signature 1 _____ Signature 2 _____ Date _____

WARNING: FALSE STATEMENTS MAY RESULT IN PENALTIES OR PROSECUTION

MARKETING AND COMMUNICATION PREFERENCES

Choose your preferences to receive updates from us.

As a Member, at times we will contact you about our services and any improvements we make, or any changes to your account. You can also choose to opt in to receive any marketing communication from us regarding our products and promotions in any of the channels below:

Post ☐ Email ☐ SMS ☐ Telephone ☐

We also provide our communication and documents in alternative formats. Please select the following if they are required: Large print ☐ Braille ☐

Or you can request the above by calling our Member Services Team on 01582 765 411 - Option 1

Leave us a review with Smart Money People
Visit harpendenbs.co.uk/your-feedback

Our Savings FAQs
Visit harpendenbs.co.uk/savings-faqs

Useful documents to help manage your account
Visit harpendenbs.co.uk/useful-documents

FOR OFFICE USE ONLY		BRANCH:	
CIN (1)		CIN (2)	
ID (1)		ID (1)	
ID (2)		ID (2)	
Date opened:		Initials:	