

# Undesignated Client Deposit Application

This application form is for deposits made by a firm in respect of undesignated client funds.

**Important:** Before completing this form please note the Society's Investment Terms and Conditions together with your chosen account terms and the Rules of the Society.

Please complete this form in **BLOCK CAPITALS** and then **READ AND SIGN THE DECLARATION OVERLEAF**. If you require any assistance in completing this form please contact us.



**IPSWICH**  
Building Society

## Account Information

Name of Organisation: \_\_\_\_\_

Account Title (if different): \_\_\_\_\_ Contact Name: \_\_\_\_\_

Registered Address: \_\_\_\_\_

For Office Use:

Account No.: \_\_\_\_\_ Postcode: \_\_\_\_\_

\_\_\_\_\_ Tel. No.: \_\_\_\_\_ Purpose of Account: \_\_\_\_\_

Customer No.: \_\_\_\_\_ Registered e-mail address: *This address will be used for rate change notifications*

\_\_\_\_\_

## Opening Investment

Amount £ \_\_\_\_\_

Please note minimum opening investment is £50,000. Opening investment should be by cheque from the organisation's bank account or CHAPS by arrangement.

Origin of Funds: i.e. where have the funds come from

\_\_\_\_\_

## Interest Payment Instructions

Interest will be paid away to a nominated bank account as detailed below:

Bank name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Account Name: \_\_\_\_\_

Sort code \_\_\_\_\_ Account No. \_\_\_\_\_ Ref. \_\_\_\_\_  
(if applicable)

## Account Operations

### Expected Monthly Movements on the Account

Value of transactions in: \_\_\_\_\_ Number of transactions in: \_\_\_\_\_

Value of transactions out: \_\_\_\_\_ Number of transactions out: \_\_\_\_\_

### Withdrawal Mandate

Withdrawals can only be made by CHAPS to a nominated bank account. Requests for payment must be received in writing (fax is acceptable) by 11am for same day service.

Bank name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Name: \_\_\_\_\_

Sort code \_\_\_\_\_ Account No. \_\_\_\_\_ Ref. \_\_\_\_\_  
(if applicable)

Please indicate the number of signatures required for withdrawals:  Other: \_\_\_\_\_

**PLEASE READ THE FOLLOWING DECLARATIONS BEFORE SIGNING THIS FORM**

## DATA PROTECTION

Information which you provide to Ipswich Building Society or which is obtained by us through our dealings with you may be held on our computers and in other ways and used by us to administer your account, for statistical analysis, for debt collection and fraud prevention and to bring to your attention (by mail, telephone, email or otherwise) products or services of Ipswich Building Society or other selected suppliers which may be of interest to you.

We will not provide your details to third parties for marketing purposes. We may however contact you with details of the **Society's other products or services**, which may be of interest to you. If you **do not** wish to be contacted with this information please tick the appropriate boxes.

By Post  By Telephone  By Email

You can request that the Society does not use your information for marketing purposes by writing to PO Box 547, Ipswich, IP3 9WZ.

You may request in writing, upon payment of a fee, a copy of the details held about you by the Society.

## IDENTIFICATION

We have a legal obligation to verify the identity and permanent residential address of all new customers. This is part of the worldwide drive to prevent the use of banking systems by criminals to disguise the proceeds of crime. We ask for your patience while we deal with these formalities. Existing customers may not need to verify their identity. The following identification must be provided:

### Signatories (Account Operators or Trustees)

- Full UK Passport or Current Full UK Photocard Driving licence  
 Proof of Residential Address

### Corporate Bodies

- Certificate of Incorporation       List of current Directors and Secretaries (private or unlisted companies)  
 Names of individuals who own or control over 25% of shares or voting rights or confirmation letter signed by authorised person/s

### Partnerships

- Partnership deed       Names of partners  
 Names of individuals who own or control over 25% of capital or profit

### Solicitors

Solicitors are obliged to verify the identity of their clients. Identification must be available on request if required.

## DETAILS OF SIGNATORIES

1. Full Name: (title) \_\_\_\_\_ (forename/s) \_\_\_\_\_ (surname) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth:                     

For Office Use:

Address confirmed (for office use)

Copy of ID attached (for office use)

Customer No.:

1.                     

2. Full Name: (title) \_\_\_\_\_ (forename/s) \_\_\_\_\_ (surname) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth:                     

2.                     

3.                     

Address confirmed (for office use)

Copy of ID attached (for office use)

4.                     

3. Full Name: (title) \_\_\_\_\_ (forename/s) \_\_\_\_\_ (surname) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth:                     

Address confirmed (for office use)

Copy of ID attached (for office use)

4. Full Name: (title) \_\_\_\_\_ (forename/s) \_\_\_\_\_ (surname) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth:                     

Address confirmed (for office use)

Copy of ID attached (for office use)

## DECLARATION

All signatories must sign. We:

- Have received a copy of the **terms and conditions relating to the account**, along with a copy of the **Customer Information Leaflet** and agree to be bound by them.
- Agree that as well as the account conditions, the **Society's Rules** apply to this account and we can obtain a copy of these on request.
- Understand that the Society may rely on our signatures for other purposes connected to the account.
- Understand that this account is a deposit account and does not convey membership or voting rights within the Society.
- Have read the notes regarding the **Data Protection** Legislation detailed above.
- Confirm the information supplied to the Society in connection with the opening of this account **is correct**.
- Confirm that we are happy for the Society to make any enquiries as they consider necessary to confirm our **identity** and address and, if appropriate, the identity and address of all the signatories.

## Signatures

1. \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

4. \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

The Society is required each year to supply to HM Revenue & Customs particulars of all interest paid or credited to investors' accounts.

**HEAD OFFICE** - PO Box 547 Ipswich IP3 9WZ Telephone 0845 230 8686 Fax (01473) 278600 Email enquiries@ibs.co.uk Website www.ibs.co.uk