

Business & Non-Profit

Application Form

For office use only (10/16)

I/We wish to open the following account

Please ensure that your organisation is eligible for this product. Details of account eligibility can be found on each individual product page on our website.

Initial payment

£

Cheque enclosed – Please make cheques payable to “Teachers Building Society a/c (name of organisation)”

How did you hear about us?

Existing Customer

Recommendation

Other (please specify)

Please indicate the legal status of your organisation:

Incorporated organisation (Ltd/LLP/Plc, incorporated charities including CIOs) **PLEASE COMPLETE SECTIONS 1, 4, 5 & 6**

Unincorporated organisation (including unincorporated clubs and associations and unincorporated charities) **PLEASE COMPLETE SECTIONS 2, 4, 5 & 6**

Unincorporated education affiliated organisation (NEU associations, schools, charities supporting the education sector) **PLEASE COMPLETE SECTIONS 3, 4, 5 & 6**

Section 1 (Company - Deposit Account Terms and Conditions applicable)

Organisation Details

Name of Company

Registered Address of Company/LLP

Registered Number

Correspondence address (if different from Registered Address)

Correspondence Email

Correspondence Phone

Personal Details

Please complete the personal details of the authorised signatories below. We may need to contact you to complete our ID checks. Correspondence will be sent to the first named signatory at the company/organisation's correspondence address.

	Title	Full Name	Nationality	Date of Birth	Full Address and Postcode	Home Telephone Number
1						
2						
3						
4						

Please supply details below of any individuals who own or control over 25% of the organisation's voting rights who are not listed in the table above as authorised signatories. If there are more than two individuals who own or control over 25% of the company's or LLP's voting rights, please provide details on a supplementary sheet of paper. **Please sign in the space(s) below.**

	Title	Full Name	Nationality	Date of Birth	Full Address and Postcode	Home Telephone Number
1						
2						

Signature 1

Signature 2

BEFORE YOU RETURN THIS FORM, PLEASE CHECK THAT YOU HAVE INCLUDED/COMPLETED THE FOLLOWING (your application will not be processed until we have all necessary information):

- A copy of the resolution of the Board of Directors/members authorising the opening of the account and the directors/members/authorised signatories listed to operate the account. Enclosed
- In order to categorise your account in accordance with the Financial Services Compensation Scheme (FSCS) requirements, please complete the fields below:

• Number of employees:

• Annual turnover:

• Balance sheet total:

For office use only

Personal ID _____

Address Conf _____

3rd ID _____

Personal ID _____

Address Conf _____

3rd ID _____

Personal ID _____

Address Conf _____

3rd ID _____

Personal ID _____

Address Conf _____

3rd ID _____

Customer No.

Back Office

A.M.L Check

Date

Checked by

Date

Scanned by

Date

BOE

Section 2 (Unincorporated Organisations - Share Account: Savings General Terms and Conditions applicable)

Organisation Details

Please note: If you are an incorporated organisation, please complete Section 1, 4, 5 & 6.

Name of Organisation

Registered Address of Organisation
 Registered Number

Correspondence address (if different from Registered Address)

Correspondence Email Correspondence Phone

Personal Details

Please complete the personal details of the authorised signatories below. We may need to contact you to complete our ID checks. Correspondence will be sent to the first named signatory at the company/organisation's correspondence address.

	Title	Full Name	Nationality	Date of Birth	Full Address and Postcode	Home Telephone Number
1						
2						
3						
4						

Section 3 (Education Affiliated Organisation - Share Account: Savings General Terms and Conditions applicable)

Organisation Details

Please note: If you are an incorporated organisation, please complete Section 1, 4, 5 & 6.

Name of Organisation

Registered Address of Organisation
 Registered Number (if applicable)

Correspondence address (if different from Registered Address)

Correspondence Email Correspondence Phone

Personal Details

Please complete the personal details of the authorised signatories below. We may need to contact you to complete our ID checks.

	Title	Full Name	Nationality	Date of Birth	Full Address and Postcode	Home Telephone Number
1						
2						
3						
4						

Section 4

For Withdrawal Purposes and Payment of Interest

A Bank/Building Society account is mandatory. It will be used for transferring money out of the account and, if required, the interest. The account must be in the name of your organisation 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 an account in the name of the organisation/company.

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

Bank/Building Society account number Sort Code

Interest on the account is paid annually

I/We would like my/our interest to be: Added to the account annually Paid to the above Bank/Building Society annually
Please tick **ONE** box only

Section 5

Supporting Documentation

1. As we are a postal building society we are required to make an extra identification check.

Therefore, please supply **one** of the following documents for each of the authorised signatories (for companies, this includes any individuals who own over 25%)

- Certified copy of current passport Enclosed
- Certified copy of current photo-card UK driving license (full or provisional)

A black and white photocopy of the document should be certified by one of the following: lawyer, banker, authorised financial intermediary, FCA and PRA regulated mortgage broker, Chartered Accountant or Chartered Certified Accountant, teacher, doctor or post master/sub-post master. **The copy should be dated, signed and marked 'original seen'. In addition, the certifier should also state their full name, occupation, contact address and telephone number. The certifier cannot work within your organisation.**

Please note that unless the certified copy complies with all of these requirements we will not be able to process your application.

2. Evidence that the bank account referenced in the section above is held in the name of the organisation. Enclosed

3. It is a regulatory requirement under the Financial Services Compensation Scheme (FSCS) that all banks and building societies have to maintain records to help determine the eligibility of their customers. Most depositors, including individuals and businesses, are covered by the scheme. Those who are not eligible are credit institutions, financial institutions, investment firms, insurance and reinsurance undertakings, collective investment schemes, pension schemes, retirement funds or public authorities (except small local authorities). If you are unsure whether you are eligible, please contact the FSCS on 0800 678 1100 or visit www.fscs.org.uk.

Please tick here if the organisation named in the application is **not** eligible for the FSCS:

Keeping You Informed

We would like to keep you up to date with our latest products and service news. Newsletters from Teachers Building Society contains features and articles relevant to people working in education, useful updates from the financial world and practical guides about buying, selling and improving your property. We may also inform you about new products, services or competitions which may be of interest to you. We do not share your details with third parties.

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.

Please do not contact me by email

Please do not contact me by telephone

Please do not contact me by SMS (text)

Please do not contact me by post

Please do not contact me at all

Section 6

Declaration

We declare:

Please tick **ONE** box only

a) That the number of signatories required to operate the account is One Two Three All
(If this is not completed, all signatories will be required.)

b) We will notify the Society in writing if there are any changes to the directors/members/authorised signatories/authorised officers/trustees.

c) We agree to be bound by the Rules of the Society and the Terms of the account. A copy of the Rules is available from Head Office.

d) I/We reside in the UK for tax purposes.

e) The company/organisation is registered **only** in the UK for tax purposes.

By signing this form, you are confirming that you have read the section opposite entitled 'Your Information', and that you have received and read the enclosed Financial Services Compensation Scheme information sheet. It is important that you read the section headed 'Privacy - Your Personal Information' set out on the following page of this application, including the Privacy Notice referred to.

1. Signed _____ Position Held _____ Date _____

2. Signed _____ Position Held _____ Date _____

3. Signed _____ Position Held _____ Date _____

4. Signed _____ Position Held _____ Date _____

Your Information

The security of your personal data is our priority. Our Privacy Notice explains how we use and store your information. Please visit www.teachersbs.co.uk/privacy to read our Privacy Notice. If you have any questions regarding the use of your information or wish to exercise any of the rights mentioned in our Privacy Notice, please write to us at the address below or email dpo@teachersbs.co.uk.

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 any further checks of your identity and address should we need to do so in order to comply with our legal and regulatory obligations. The credit reference agencies will record details of the search whether or not this 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 the Teachers 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.

If you give us false or inaccurate information and we suspect fraud, we will record this and may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. We, and other companies may use this information if decisions are made about you or others at your address(es) on credit or credit-related services or motor, household, credit, life or any other insurance facilities. It may also be used for tracing and claims assessment.

Agreement to Assign Windfalls to Charity

Please note: this section is applicable only to share account holders (unincorporated organisations and unincorporated education affiliated organisations).

Words printed in *italics* in this section of the application form are explained in Condition 2 of the Savings Accounts General Terms and Conditions.

1. Paragraphs 2 to 6, below, will apply to me unless I am an *exempt customer* at the time when the account is opened.
2. I agree with the Society that, if the right to any *windfall benefits* is granted to me after the *account is opened*, I will assign those *windfall benefits* to the *selected charity* unless the period between my *account being opened* and the *conversion announcement date* is more than 5 years (or, if applicable, the *shorter period*).
3. I authorise the Society and the *successor* to pass any *windfall benefits* direct to the *selected charity* (or to any other charity which the *selected charity* may nominate to receive those benefits), without notice to me.
4. I understand that :
 - the Society has promised to transfer to the *selected charity* the benefit of the agreement which I have given under paragraph 2, above;
 - neither the Society nor the *selected charity* will release me from that agreement; and
 - any power of the Society to change the terms of its contract with me will not apply to any of the terms set out in this section of the application form.
5. I authorise the Society to give the *selected charity* any information about me or any *account* which I have with the Society (now or in the future) – but only if the *selected charity* reasonably needs it regarding the agreement I have given under paragraph 2, above.
6. I understand that the Society will require anyone who *opens* a share account (who is not then an *exempt customer*) to agree to assign to charity the right to any *windfall benefits* to which that person may become entitled. The terms of the agreement will be decided by the Society and may be different from the terms in paragraph 1 to 5, above. This paragraph will no longer apply if the Society publishes a notice in the press of a decision by the Society that it will no longer require new shareholding members to enter into such agreements.

Notes

Where more than one of you is signing this form, paragraph 1 and (if applicable) paragraphs 2 to 6 above, apply to each of you separately.

If the Society no longer exists following a merger with another building society, paragraphs 2 to 6 above, will still apply between you and the other society.

Financial Services Compensation Scheme Information Sheet



Please keep this for your records.

Basic information about the protection of your eligible deposits

Eligible deposits in Teachers Building Society are protected by:	the Financial Services Compensation Scheme ("FSCS") ¹
Limit of protection:	£85,000 per depositor per bank/building society/credit union ²
If you have more eligible deposits at the same bank/building society/credit union:	All your eligible deposits at the same bank/building society/credit union are "aggregated" and the total is subject to the limit of £85,000 ² .
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately ³ .
Reimbursement period in case of bank, building society or credit union's failure:	20 working days ⁴ .
Currency of reimbursement:	Pounds sterling (GBP, £) or, for branches of UK banks operating in other EEA Member States, the currency of that State.
To contact Teachers Building Society for enquiries relating to your account:	Teachers Building Society Allenview House Hanham Road Wimborne Dorset BH21 1AG Tel: 0800 378 669 Email: teachers@teachersbs.co.uk
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House 15 St Botolph Street London EC3A 7QU
More information:	www.fscs.org.uk

Additional information

¹Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

²General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- (a) certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- (b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- (c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under <http://www.fscs.org.uk>

³Limit of protection for joint accounts

In the case of joint accounts, the limit of £85,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

⁴Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 20 working days until 31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses (in the case of a depositor which is not an individual or a large company) within 5 working days of a request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under <http://www.fscs.org.uk>.

Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

Exclusions List

A deposit is excluded from protection if:

- (1) The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
- (2) The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- (3) It is a deposit made by a depositor which is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective investment undertaking
 - pension or retirement¹
 - public authority

For further information about exclusions, please refer to the FSCS website: www.fscs.org.uk

¹Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.



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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration Number 156580