

Unincorporated Business Account Application Form



For use by unincorporated bodies only. Before signing this form, you should check that all the information is recorded accurately and read the Declarations. For important information about an account with the Society, please refer to the Savings Terms & Conditions, Privacy Notice, the relevant savings account leaflet and the Rules of the Society. If you have any questions, please ask the Customer Services Advisor dealing with your application or contact the Customer Services Team on 01384 231414.

Section 1 Business Details

Full Name of Unincorporated business:

Trading/Operating Name:
(if different)

Registered Office Address:

Building Number/Name
Street
District
Town
County
Post Code
Date Effective From

Trading/Operating Address:
(if different to Registered Office)

Building Number/Name
Street
District
Town
County
Post Code
Date Effective From

Where would you like your correspondence posted to? (Please tick to indicate your preference)

Registered Office Address

☐

Trading/Operating Address

☐

Business Email Address:

Business Telephone Number:

Tell us about your Unincorporated business:

(Brief description of activities, purpose, where it operates, whom it supports etc)

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Tick the relevant Business type:

Sole Trader: ☐

Partnership: ☐

Church: ☐

Club or Association: ☐

Charitable
Incorporated
Organisation (CIOs): ☐

Unincorporated
Charitable
Association: ☐

Other: ☐

If Other, please detail

Date of Incorporation:

Charity Number (if applicable):

Is your unincorporated business regulated or affiliated by any other Body? (if yes, please detail):

Is your unincorporated business subject to VAT?

Yes

☐

No

☐

Is your unincorporated business subject to UK Law only?

Yes

☐

No

☐

Does your unincorporated business generate income outside of the UK?

Yes

☐

No

☐

if 'Yes', please provide the following information:

Country	TRN Identifier
1.	
2.	
3.	
4.	

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Beneficial Owners/Trustees

A beneficial owner is any individual who directly or indirectly ultimately owns or controls a corporate entity. Under UK Company Law, such persons can be called "Persons with Significant Control". A "Person with significant control" is usually any individual whom holds at least 25% of shares, or voting rights, any individual whom exercises control over the company or management; or, any individual whom has right to appoint or remove the majority of board members. A "Person of significant control" could also be a trustee, settlor or protector; or a class of persons who stand to benefit from business objectives.

Full Name	Position Held	% of Voting rights (if applicable)

Section 2 FSCS

The FSCS protects businesses via the Deposit Guarantee scheme. For further information about your eligibility please visit: www.fscs.org.uk

Is your company eligible for the FSCS compensation scheme?

Yes

☐

No

☐

If yes, please confirm your business classification:

Micro Enterprise

Employs fewer than 10 persons and whose annual turnover and/or balance sheet total does not exceed EUR 2 million

☐

Small Enterprise

Employs fewer than 50 persons and whose annual turnover and/or balance sheet total does not exceed EUR 10 million

☐

Medium Enterprise

Employs fewer than 250 persons and whose annual turnover does not exceed EUR 50 million and/or whose annual balance sheet does not exceed EUR 43 million.

☐

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Section 3 Operator Details

Account Operator 1:

Title:	
First Name(s):	
Surname:	
Date of Birth:	

Marital Status:	
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National Insurance No:	
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Employment Status:	
Position and Role within the Business:	

Nationality:	
Country of Birth:	
Place of Birth:	

Current address:		Building Number/Name
		Street
		District
		Town
		County
	Postcode	Date moved in

Previous Address:	Building Number/Name	
(Full address history	Street	
for the last three	District	
years must be	Town	
provided)	County	
	Postcode	Date moved in

Account Operator 2:

Title:	
First Name(s):	
Surname:	
Date of Birth:	

Marital Status:	
-----------------	--

National Insurance No:	
------------------------	--

Employment Status:	
Position and Role within the Business:	

Nationality:	
Country of Birth:	
Place of Birth:	

Current address:		Building Number/Name
		Street
		District
		Town
		County
	Post code	Date moved in

Previous Address:	Building Number/Name	
(Full address history	Street	
for the last three	District	
years must be	Town	
provided)	County	
	Postcode	Date moved in

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Email address:

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Home Tel No:

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Mobile Tel No:

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Work Tel No (Optional):

--

Email address:

--

Home Tel No:

--

Mobile Tel No:

--

Work Tel No (Optional):

--

Account Operator 3:

Title:

--

First Name(s):

--

Surname:

--

Date of Birth:

--

Marital Status:

--

National Insurance No:

--

Employment Status:

--

Position and Role within the Business:

--

Nationality:

--

Country of Birth:

--

Place of Birth:

--

Account Operator 4:

Title:

--

First Name(s):

--

Surname:

--

Date of Birth:

--

Marital Status:

--

National Insurance No:

--

Employment Status:

--

Position and Role within the Business:

--

Nationality:

--

Country of Birth:

--

Place of Birth:

--

Current address:

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Current address:

Building Number/Name	
Street	
District	
Town	
County	
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Previous Address:

(Full address history

for the last three

years must be

provided)

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Previous Address:

(Full address history

for the last three

years must be

provided)

Building Number/Name	
Street	
District	
Town	
County	
Postcode	Date moved in

Email address:

Home Tel No:

Mobile Tel No:

Work Tel No (Optional):

Email address:

Home Tel No:

Mobile Tel No:

Work Tel No (Optional):

Where did you find out about us? (Select all that apply)

Online advertising		Branch	
Recommendation		Other (please specify below)	
Google search			

Section 4 Savings Details

Which product would you like to open?

--

What is your initial deposit?

--

What is the purpose of the account?

(Donations/Capital/Fundraising/Business Takings/Legacies/Loans/fees/Subscriptions/ Existing saving elsewhere/Other)

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How will you fund your account?

(Donations/Capital/Fundraising/Business Takings/Legacies/Loans/fees/Subscriptions/ Existing saving elsewhere/Other)

--

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How will you deposit money?	Tick all that apply
Cash	
Cheque	
CHAPS	
Standing Order	
Faster Payment	

What is the most likely anticipated turnover of this account in a typical year?	Tick all that apply
Less than £20,000	
£20,000 to £50,000	
£50,000 to £100,000	
More than £100,000	

How often will you use your account?	Tick all that apply
Weekly	
Monthly	
Annually	
Rarely	
No further deposits	

Section 5 Tax Residency

Account Operator 1:

Are you a US citizen? Yes ☐ No ☐

Are you a resident for tax purposes in any country or territory other than the United Kingdom? Yes ☐ No ☐

If you have ticked 'Yes' to either of the last two questions, please complete the information in the boxes below – without these you will not be able to open an account.

Country	Tax Identification Number (if you do not enter a TIN, we will write to you asking for this information before we can accept your application)
1.	
2.	
3.	

Account Operator 2:

Are you a US citizen? Yes ☐ No ☐

Are you a resident for tax purposes in any country or territory other than the United Kingdom? Yes ☐ No ☐

If you have ticked 'Yes' to either of the last two questions, please complete the information in the boxes below – without these you will not be able to open an account.

Country	Tax Identification Number (if you do not enter a TIN, we will write to you asking for this information before we can accept your application)
1.	
2.	
3.	

Account Operator 3:

Are you a US citizen? Yes ☐ No ☐

Are you a resident for tax purposes in any country or territory other than the United Kingdom? Yes ☐ No ☐

If you have ticked 'Yes' to either of the last two questions, please complete the information in the boxes below – without these you will not be able to open an account.

Account Operator 4:

Are you a US citizen? Yes ☐ No ☐

Are you a resident for tax purposes in any country or territory other than the United Kingdom? Yes ☐ No ☐

If you have ticked 'Yes' to either of the last two questions, please complete the information in the boxes below – without these you will not be able to open an account.

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Country	Tax Identification Number (if you do not enter a TIN, we will write to you asking for this information before we can accept your application)	Country	Tax Identification Number (if you do not enter a TIN, we will write to you asking for this information before we can accept your application)
1.		1.	
2.		2.	
3.		3.	

Section 6 Nominated Account Details for Withdrawals (optional)

Please note that it is an optional choice to set up the nominated bank account.

The nominated account details must be in the name of the business, and not in the name of the operators.

Bank Name:		Account Name:	
Sort Code:		Account Number:	
Reference (if applicable):			

If no other bank account(s) held, please tick here: ☐

To set up a nominated account, you may be required to provide a bank statement (dated within the last three months)

Section 7 Interest and Withdrawal Instructions

Payment of Interest:

- ☐ Add interest annually to account (please check the Terms and Conditions of the product to confirm this is acceptable)
- ☐ Transfer interest annually to another Dudley Building Society account no:
- ☐ Transfer the interest to the nominated bank account/Building Society with another provider

Number of authorised signatories required to transact/operate the account:

Section 8 Data Protection

The Society takes its responsibilities for data management very seriously and we have thoroughly detailed our approach to how we collect and use information on the 'Privacy' page on our website. This explains how we collect and manage personal information and what we do with it. Please visit dudleybuildingsociety.co.uk/privacy for more information, alternatively you can request copies of our privacy statements over the telephone on 01384 231414 or in any of our branches.

By signing this application form you are confirming that you have acknowledged the Society's Privacy Notices and the guidance that is contained within them.

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We would love to keep you informed about the products and services that are available to you as a member of Dudley Building Society. In order to receive communications, please confirm your preferences by selecting the following:

Account Operator 1: Email Post Phone Account Operator 2: Email Post Phone
Account Operator 3: Email Post Phone Account Operator 4: Email Post Phone

Section 9 Declaration

1. I/We confirm that I have read the product specific terms and conditions relating to the account I am/we are opening and that I/we have received the Savings Terms and Conditions and agree to be bound by them and the Rules of the Society (copies of which are available on request)
2. I/We acknowledge receipt of the Financial Services Compensation Scheme Information Sheet which I/we received prior to opening this account.
3. I/ We declare that all statements made in this application are, to the best of my/our knowledge and belief, correct and complete.
4. I/We understand that the Account Holder is the sole beneficiary of this account. Any person operating the account does so as agent for the Account Holder.
5. The personal information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance, or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found by writing to us at 7 Harbour Buildings, The Waterfront, Brierley Hill, West Midlands, DY5 1LN.
6. I/ We will advise Dudley Building Society within 30 days of any change in circumstances which affects my/our tax residency status identified in Section 2 of this form or causes the information contained herein to become incorrect, and to provide Dudley Building Society with a suitably updated self-certification and declaration within 30 days of such change in circumstances.
7. I/We declare that any share(s) acquired by me under this account will not be held by me/us as a bare trustee (or, in Scotland as a simple trustee) for a body corporate, or for persons who include a body corporate.
8. I/We agree to advise the Society immediately of any changes to the committee of the unincorporated bodies or to the original nature of the business/activity.
9. If the authorised signatories change, I/we will tell you in writing immediately.
10. I/We confirm that the unincorporated body is not an LLP or a PLC.
11. I/We declare that the deposit is made on behalf of the unincorporated body named and confirm that I/we have the authority to operate the account.
12. I/We confirm that I am/we are aware that the type of account I am/we are opening is a share account

Signature of Account Operator 1

Date:

Signature of Account Operator 2

Date:

Signature of Account Operator 3

Date:

Signature of Account Operator 4

Date:

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y