

Business & Non Profit Application Form

For office use only

Account type 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.

Do you hold any other accounts with the Society? Yes No

Initial payment £

Please tick the appropriate box(s) from the below options:

Cheque enclosed Please make cheques payable to: "Teachers Building Society a/c (name of organisation)"

I wish to make my first payment by bank transfer

Transfer from existing Society account No:

I wish to complete an ISA Transfer in from another provider & enclose a Transfer Authority Form

If you plan to send any subsequent payments within one month of the opening of this account, please indicate how much total you expect this to be. £
(We may need to write to you for further information at a later stage).

- 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

As a regulated financial services organisation, we have a duty of care to comply with money laundering regulations. We are therefore required to establish the intended use of any new account opened and would ask that you supply the following information:

Purpose of savings

Origin of funds

Do your funds originate from outside of the UK?

Yes No

Failure to provide this information may create a delay in opening or prevent us from opening your account

How did you hear about us?

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

Name of Company

Registered Address of Company/LLP Reg Number

Correspondence address (if different from Reg 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	Contact Tel No.	% you own/control
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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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

Please supply details below of all individuals who are not listed in the table above that have a controlling share in the organisation to include their % share. If there are more than three additional individuals please provide details on a supplementary sheet of paper. Please sign in space(s) below.

Title	Full Name	Nationality	Date of Birth	Full Address and Postcode	Contact Tel No.	% you own/control
1						
2						
3						

Signature 1 Signature 2 Signature 3

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):

1. 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**

2. 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:

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

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

Name of Organisation

Registered Address of Organisation

Reg Number

Correspondence address (if different from Reg 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	Contact Tel No.
1					
2					
3					
4					

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

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

Name of Organisation

Registered Address of Organisation

Reg Number

Correspondence address (if different from Reg Address)

Correspondence Email Correspondence Phone

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	Contact Tel No.
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:
Please tick **ONE** box only

Added to the account annually

Paid to the above Bank/Building Society annually

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

A photocopy of the document should be certified by one of the following: UK lawyer, banker, authorised financial intermediary, FCA and PRA regulated mortgage broker, Chartered Accountant or Chartered Certified Accountant, doctor registered with a Medical Association, teacher, 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, telephone number and any relevant registration number. Please note that the individual who has certified the documentation must not be an immediate family member or associated with the account.

Unless the certified copy complies with all the above requirements we will not be able to accept it as confirmation of your identity. 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 FSCS cover :

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:

- a) That the number of signatories required to operate the account is Please tick ONE box only **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 entitled 'Your Personal 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 <input type="text"/>	Position Held <input type="text"/>	Date <input type="text"/>
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PRIVACY - YOUR PERSONAL INFORMATION

The security of your personal data is our priority. Our Privacy Notice explains how we use and store your information.

Please visit www.teachersbuildingsociety.co.uk/privacy-policy 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).

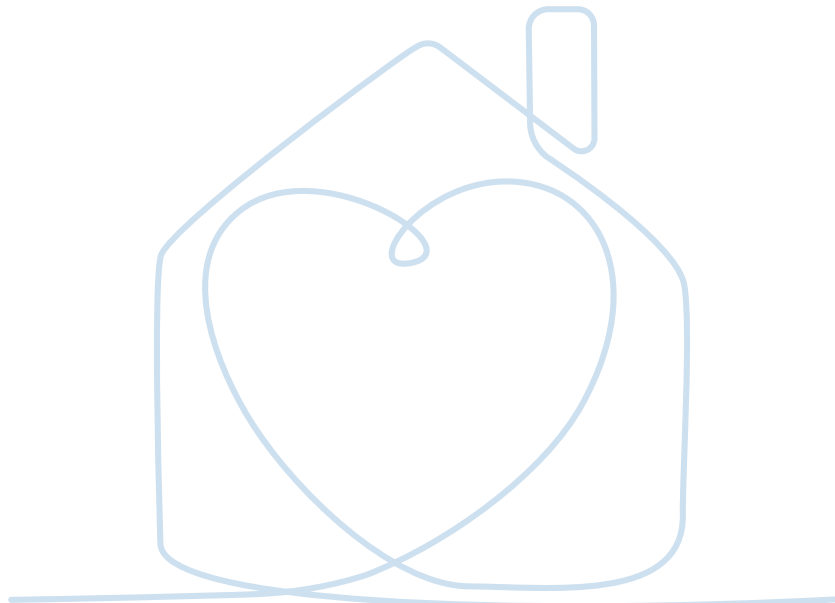
Words printed in italics in this section of the application form are explained in Condition 2 of the Savings Accounts General Terms and Conditions.

- Paragraphs 2 to 6, below, will apply to me unless I am an *exempt customer* at the time when the account is opened.
- 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*).
- 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.
- 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.
- 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.
- 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.



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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Register no 156580).

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