

Official Signatory Form

This form MUST be completed if you are opening a new Monmouthshire Building Society account, or wish to manage an existing Monmouthshire Building Society account, on behalf of another person(s).

A copy of the Trust Deed, Power of Attorney, Will, Grant of Probate or Letters of Administration (as applicable) must accompany this application.

1 Your Personal Details – please use BLOCK CAPITALS

Signatory 1					
Title:	Forenames (in full):			Surname:	
Permanent Residential Address:					Postcode:
Nationality	Date of Birth: DD/MM/YYYY		Email Address:		
Contact Tel – Day:		Evening:		Mobile:	
Occupation:			Are you an Existing Customer?	Yes	No
Relationship to Applicant/Existing Customer:					

Signatory 2 (if applicable)					
Title:	Forenames (in full):			Surname:	
Permanent Residential Address:					Postcode:
Nationality	Date of Birth: DD/MM/YYYY		Email Address:		
Contact Tel – Day:		Evening:		Mobile:	
Occupation:			Are you an Existing Customer?	Yes	No
Relationship to Applicant/Existing Customer:					

2 Account Details – please use BLOCK CAPITALS

I/we will be operating the account(s) of:	
Name:	
Address:	
Postcode:	
Existing Account Numbers:	

3 Relationship to Account Holder(s)

I/we are operating the account as:

Trustees	<input type="checkbox"/>	and we enclose a copy of the Trust Deed	<input type="checkbox"/>
Attorney(s)*	<input type="checkbox"/>	and I enclose a copy of the Power of Attorney	<input type="checkbox"/>
Executor(s)/Administrator(s)	<input type="checkbox"/>	and I enclose a copy of the Will, Grant of Probate or Letters of Administration	<input type="checkbox"/>
Deputy/Appointee	<input type="checkbox"/>	and I enclose a copy of the Court of Protection order or DWP Form BF57	<input type="checkbox"/>

* Please confirm by ticking the appropriate boxes below whether the account holder is currently:

Physically incapacitated	<input type="checkbox"/>	Mentally incapacitated	<input type="checkbox"/>	Neither physically or mentally incapacitated	<input type="checkbox"/>
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If neither, please state the reason for the registration:

4 Account Operation & Withdrawals Instructions

I/we authorise the Society to permit the following signatories to operate the account and authorise withdrawals on behalf of the applicant(s):

Any one signature (not applicable to Trust accounts)	<input type="checkbox"/>	Any two signatures*	<input type="checkbox"/>	All signatures required*	<input type="checkbox"/>
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*Please note – if you require more than one signature to operate the account, you will not be able to register to operate the account online using our 'My Accounts' service.

Financial Services Compensation Scheme

The Society is part of the Financial Services Compensation Scheme (FSCS). Details of the Scheme and who is covered by it can be found at www.fscs.org.uk.

Use of your Personal Information

- We need to collect information about you in order to open and administer your savings account. The legal basis on which we process your data will be either that the processing is necessary for us to provide you with the financial product you are seeking; necessary to comply with our legal obligations; in our legitimate business interests in relation to such purposes or with your consent.
- If you make a joint application with your spouse, partner, family member or another party, we will also need to collect personal information about that person. If you make a joint application on behalf of the joint applicant, you agree to show them our Summary Privacy Notice and that you have all necessary consents to enable you to provide us with their information.
- The information we collect is used to verify your identity, administer your accounts, provide you with our services and to communicate with you about other products or services of ours that we think may be of interest to you.
- When using your information we may also share information with anyone you appoint to administer or operate your account; regulatory and government bodies; auditors; any individuals/organisations that we use to provide services to us; and any other person or organisation if the law, public duty or our legitimate interests require us to do so.
- We undertake checks about you with Fraud Prevention Agencies ('FPAs') for the purposes of preventing fraud and money laundering, and to verify your identity. If false or inaccurate information and fraud is suspected then we will record this and share the information with FPAs.
- In making your application you acknowledge that you have received and read the summary of our full Privacy Notice contained in our "Important Information About Your Personal Data" leaflet. Our full Privacy Notices are available from all our offices and on our website at www.monbs.com/privacy.

Keeping you informed about other products & services

The Society will always provide you with information on our products and services unless you opt out of receiving this information. Please note the Society will continue to provide you with regulatory and service communications even if you have opted out. I do not wish to receive information on products and services by the following channels:

Signatory 1:	Mail	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Electronic means	<input type="checkbox"/>
Signatory 2:	Mail	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Electronic means	<input type="checkbox"/>

Signatory 1 Signature	Date DD/MM/YYYY	Signatory 2 Signature	Date DD/MM/YYYY
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For Office Use Only	Date Opened	Security Number	Branch /Agent	ID checked by	Data Check
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A/C No.	Applicant 1 Number	Applicant 1 Number
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