

Please use black ink - if there are more than two trustees or more than one beneficiary please use an additional form

Under Society Rules, the first named trustee will be entitled to receive Notices of General Meetings and to vote as appropriate on behalf of the account holder(s).

TYPE OF ACCOUNT

AMOUNT OF INITIAL INVESTMENT £

How did you hear about us?

Trustee 1
Mandatory Information

Title.....
Forename(s)
Surname
Address
.....
.....
Postcode
Previous Address (if less than 5 years at current address)
.....
.....
Postcode
Date of Birth
NI Number
Occupation
Employer
Nationality
Other MHBS Account Numbers
.....
Telephone Numbers
Evening
Daytime
Mobile
Email

Trustee 2
Mandatory Information

Title.....
Forename(s)
Surname
Address
.....
.....
Postcode
Previous Address (if less than 5 years at current address)
.....
.....
Postcode
Date of Birth
NI Number
Occupation
Employer
Nationality
Other MHBS Account Numbers
.....
Telephone Numbers
Evening
Daytime
Mobile
Email

Beneficiary 1
Mandatory Information

Title..... Forename(s)..... Surname.....
Address
..... Postcode
Date of Birth NI Number (if aged 16 or over)
Occupation Employer
Nationality
Other MHBS Account Numbers

OFFICE USE ONLY

Opening date Account number

We would like you to be the first to hear about the latest Market Harborough Building Society rates, products and services. We promise not to bombard you with information but will occasionally send updates about products and services that we think you will be interested in. Just tell us how you like to be contacted.

Please contact me by post by telephone by email

Rest assured, we take your privacy very seriously so we will not share our members' details with any commercial organisations and, if at any time you feel you are receiving too much information or wish to stop marketing communication from the Society, please give us a ring and we can change your contact preferences instantly. **Louise Bunce, Head of Sales & Marketing**

How would you like your interest to be paid?

Please pay my interest Annually Monthly (Not available on all account types)

Your interest will be added to your account unless specified below

Please transfer to an alternative MHBS account number

Please pay into an external bank account number

Bank name Sort code - -

Account name Reference number

If you consider that the beneficiary is eligible to receive interest without the payment of tax and require the appropriate form FOR THIS ACCOUNT, please tick the box. In most cases, Inland Revenue rules do not permit the payment of interest gross to a beneficiary aged 16 or over.

Before you open an account with the Society, we are required by law to check your identity. In order to verify the information you provide we may make searches about you with a credit reference or Fraud Prevention Agency; this will include information from the Electoral Roll. The agencies will record the details of the search whether or not your application proceeds. Other organisations may share these searches in order to prevent fraud. Scoring methods may be used as part of this process. We may ask you to supply at least one original document as confirmation of your identity, address, or both, which we will use along with any electronic checks we may perform. Any documents provided to us will be recorded and copied for audit purposes as part of our Anti Money Laundering requirements.

For your own benefit and protection you should read the Society's general savings account Terms and Conditions, and the specific Terms and Conditions relating to the product type you have chosen. If you do not understand any point please ask for further information.

Declaration

I/We understand that information provided by me/us may be held and processed by Market Harborough Building Society, for administration purposes, statistical analysis and market research, and may be shared within Market Harborough Building Society or with third parties to protect the Society and its customers against fraud, or to satisfy the requirements of Codes of Practice and statutory regulation.

Signed

Trustee 1

Trustee 2

Date

Date

PLEASE NOTE: ALL TRUSTEES MUST SIGN FOR WITHDRAWALS FROM THE ACCOUNT

IF YOU REQUIRE THIS INFORMATION IN LARGE PRINT, BRAILLE OR ON AUDIO FORMAT, PLEASE LET US KNOW.

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 Email: CustomersFirst@mhbs.co.uk Website: www.mhbs.co.uk

OFFICE USE ONLY

Branch..... Face to Face Y/N

TRUSTEE 1	TRUSTEE 2	BENEFICIARY 1
Customer number	Customer number	Customer number
Existing account holder? Y/N	Existing account holder? Y/N	Existing account holder? Y/N
Branch originator ID.....	Branch originator ID.....	Branch originator ID.....
Data processor ID	Data processor ID	Data processor ID
Date	Date	Date

ID checked Data checked

Date