

Personal Share Account Application

For use by private individuals based in Wales only. Corporate bodies should ask for the appropriate form.

Important: Before completing this form please read the specific conditions for each and every account you are opening and the 'General Terms and Conditions for the operation of Savings Accounts' leaflet. These provide important information about your account with the Society. In addition please read the form 'Proving Your Identity'. Please complete this form using BLOCK CAPITALS and then read and sign the Declaration on the reverse. If you require any assistance in completing this form, please call our savings department on 01792 739130.

Account information

I/We would like to open the following account(s)

Personal Premier

90 Day Notice

Regular Saver

Fixed Rate Bond

Swans Premier

Please indicate the number of signatures required for each withdrawal

Account Holders

Where there are more than two Account Holders of the proposed account please request the 'Additional Account Holders' form.

First Applicant

| | |
|---|---|
| Title (Mr/Mrs/Etc.) | |
| Forename(s) in full | |
| Surname | |
| Current Address | |
| | |
| | Postcode |
| Previous Address <i>Only complete if you have lived at current address for less than 3 years</i> | |
| | |
| | Postcode |
| Date of Birth | <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
| Home Phone (+ Code) | |
| Work Phone (+ Code) | |
| Mobile Phone (+ Code) | |
| email Address | |
| Nationality | |
| Are you an existing customer? (Y/N) | |

Second Applicant

| | |
|---|---|
| Title (Mr/Mrs/Etc.) | |
| Forename(s) in full | |
| Surname | |
| Current Address | |
| | |
| | Postcode |
| Previous Address <i>Only complete if you have lived at current address for less than 3 years</i> | |
| | |
| | Postcode |
| Date of Birth | <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
| Home Phone (+ Code) | |
| Work Phone (+ Code) | |
| Mobile Phone (+ Code) | |
| email Address | |
| Nationality | |
| Are you an existing customer? (Y/N) | |

Interest instructions

I/We request that the interest be: (please tick)

Transferred to a Swansea Building Society account

SBS Account Number

| | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Added to the account*

Transferred to a bank account* (enter details below)

*** NB Interest on a 90 Day account must be paid into a separate account**

| | | | | | | | | | | | | | | | | |
|------------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name of Bank | <input type="text"/> | | | | | | | | | | | | | | | |
| Bank Sort Code | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | Account Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of Account Holder | <input type="text"/> | | | | | | | | | | | | | | | |

Statement Instructions and Product Services

I/We require statement(s): (please tick just one)

Monthly

Quarterly

Six monthly

Annually

I/We require the following product service: (please tick just one)

A passbook

A chequebook (only available on accounts that maintain a minimum balance of £5,000)

Declaration

I (each one of us if more than one applicant) declare and agree that:

(a) I confirm that I have read: (i) any marketing literature relating to the account I am opening and (ii) the 'General Terms and Conditions for the operation of Savings Accounts' and agree to be bound by them and the Rules of the Society (copies of which are available upon request) and any subsequent Terms and Conditions and Rules for the time being in force.

Your Personal Data

(b) for the purpose of the Data Protection Act 1998 the Society is the Data Controller responsible for the processing of my personal data. I understand that I may request in writing, upon payment of a fee, a copy of the details held about me by the Society and where necessary rectify the information that is held about me.

(c) I agree to the processing of my personal data for the purpose of opening and administering my account, contacting me where necessary, fraud prevention and detection, legal and regulatory compliance, marketing and market research, statistical analysis and after closure of the account for statutory, regulatory, accounting, auditing or other lawful requirements.

Marketing Consent

(d) I consent to the Society using the information used in this form and analysing the operation of my account for the purpose of keeping me informed about products or services which may be of interest. I understand that I can request NOT to receive any details about the Society's products and services by writing to Swansea Building Society or by ticking this box.

The Financial Services Compensation Scheme (FSCS)

I/We confirm receipt of the information sheet relating to The Financial Services Compensation Scheme

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|--------------------------|----------------------|------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| (First Applicant) Signed | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--------------------------|----------------------|------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

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|---------------------------|----------------------|------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| (Second Applicant) Signed | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---------------------------|----------------------|------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

For Society use only

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|--------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| Account Title | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| Chequebook Title (where appropriate) | <input type="text"/> | | | | | | | Scanned | <input type="text"/> | | | | | | | | | | |
| Account Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Customer Number(s) | <input type="text"/> | | | | | | | Initials | <input type="text"/> | | | | | | | | | | |