

# Official Signatory Form

Please complete this form in BLOCK CAPITALS

This form MUST be completed if you are opening a new Swansea Building Society account, or wish to manage an existing Swansea Building Society account, on behalf of another person (s). A copy of the Power of Attorney or Court of Protection Order or DWP Form BF57 (as applicable) must accompany this application.

**SWANSEA**  
BUILDING SOCIETY

Established 1923

[www.swansea-bs.co.uk](http://www.swansea-bs.co.uk)

## About You

### First Signatory

Are you an existing customer? (Y/N)												
Title (Mr/Mrs/Etc.)												
Forename(s) in full												
Surname												
Current Address												
Postcode					Time at address	Y	Y	M	M			
Previous Address <i>Only complete if you have lived at current address for less than 3 years</i>												
					Postcode							
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y		
Home Phone (+ Code)												
Work Phone (+ Code)												
Mobile Phone (+ Code)												
email Address												
Nationality												
Are you resident for tax purposes anywhere other than the UK? (Y/N)												
Are you a citizen only of the UK? (Y/N)												
Occupation												
Employer												
Reason for opening the account												
Source of opening deposit/future funds												
Expected frequency of account use												

### Second Signatory

Are you an existing customer? (Y/N)												
Title (Mr/Mrs/Etc.)												
Forename(s) in full												
Surname												
Current Address												
Postcode					Time at address	Y	Y	M	M			
Previous Address <i>Only complete if you have lived at current address for less than 3 years</i>												
					Postcode							
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y		
Home Phone (+ Code)												
Work Phone (+ Code)												
Mobile Phone (+ Code)												
email Address												
Nationality												
Are you resident for tax purposes anywhere other than the UK? (Y/N)												
Are you a citizen only of the UK? (Y/N)												
Occupation												
Employer												
Reason for opening the account												
Source of opening deposit/future funds												
Expected frequency of account use												

## Account Details

I/we will be operating the account(s) of:			
Name			
Address			
		Postcode	
Existing Account Numbers:	<input type="text"/>	<input type="text"/>	<input type="text"/>

In what capacity will you be operating the account? - I/we are operating the account as:			
Attorney(s)*	<input type="checkbox"/>	And I enclose a copy of the Power of Attorney	<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"/>
If neither, please state the reason for the registration:					

## Account operation & withdrawal instructions

I/we authorize the Society to permit the following signatories to operate the account and authorize withdrawals on behalf of the applicants(s)					
Any one signatory	<input type="checkbox"/>	Any two signatories**	<input type="checkbox"/>	All signatories required**	<input type="checkbox"/>
**Please note accounts operated by more than one signatory will not be able to operate the account online using our online service.					

## Marketing Preferences

The Society would like to 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. If you would like to receive this information, please can you choose how by ticking all the boxes that apply below.

Applicant 1	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Telephone	<input type="checkbox"/> SMS	Applicant 2	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Telephone	<input type="checkbox"/> SMS
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## Correspondence instructions

Please confirm which address the account correspondence is to be sent to:	Account holder	<input type="checkbox"/>	Attorney / Deputy / Appointee (first signatory)	<input type="checkbox"/>
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# The Financial Services Compensation Scheme (FSCS)

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

## Declaration

### I 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.
- (b) The money being invested in this account belongs to the named applicant(s).
- (c) The information on this form is true to the best of my knowledge and belief.

### 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 one or more of: the processing is necessary for us to provide you with the financial product you are seeking; it is necessary to comply with our legal obligations; it is in our legitimate business interests in relation to such purposes or with your consent.

- For the purpose of data protection legislation, the Society is the organisation responsible for the processing of the personal information held about you. You have various rights in relation to your personal information, including the right to request a copy of the details held about you by the Society and, where necessary, for inaccurate information about you to be corrected.
- 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 "Summary Privacy Notice" leaflet. Our full Privacy Notices are available from all our offices and on our website at [www.swansea-bs.co.uk/privacy-information](http://www.swansea-bs.co.uk/privacy-information)

### Receipt of correspondence

To enable the Society to reduce its carbon footprint, customers will automatically receive correspondence from the Society by e-mail and their preferred contact method will be noted as e-mail (the Society reserves the right to use another method if required). I understand that I can change my mind at any time and request NOT to receive such information by e-mail only by visiting or telephoning any of the Society's branch offices (contact details available at [www.swansea-bs.co.uk](http://www.swansea-bs.co.uk)) or by e-mailing [dpo@swansea-bs.co.uk](mailto:dpo@swansea-bs.co.uk).

(Where a customer has signed up to online access with the Society, they are unable to change this except in exceptional circumstances and will automatically receive communication from the Society via e-mail.)

Please note that the e-mail address given must be the personal e-mail address of the account holder(s) rather than a family member / work e-mail address.

Where a customer does not have a personal e-mail address or we are unable to contact by e-mail, correspondence will be sent by post.

### Keeping you Informed about other Products & Services

The Society would like to provide you with information on our products and services by e-mail or telephone 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 understand that I can change my mind at any time and request NOT to receive any details about the Society's products and services by visiting or telephoning any of the Society's branch offices (contact details available at [www.swansea-bs.co.uk](http://www.swansea-bs.co.uk)) or by e-mailing [dpo@swansea-bs.co.uk](mailto:dpo@swansea-bs.co.uk).

(First Signatory) Signed		Date	<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"/>
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(Second Signatory) Signed		Date	<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"/>
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## For Society use only

Account Title		Customer Number(s)	
Account Number	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Scanned	
Initials		Date	<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"/>