

REGULAR SAVER REWARD ACCOUNT application form

(PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS)



I/WE WISH TO SAVE THE SUM OF £ PER MONTH INTO A REGULAR SAVER REWARD ACCOUNT

	FIRST ACCOUNT HOLDER	SECOND ACCOUNT HOLDER
TITLE	MR / MRS / MS / OTHER (PLEASE SPECIFY) <input type="text"/>	MR / MRS / MS / OTHER (PLEASE SPECIFY) <input type="text"/>
SURNAME	<input type="text"/>	<input type="text"/>
FIRST NAME (S)	<input type="text"/>	<input type="text"/>
ADDRESS	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
POSTCODE	<input type="text"/>	<input type="text"/>
TELEPHONE DAYTIME	<input type="text"/>	<input type="text"/>
TELEPHONE EVENING	<input type="text"/>	<input type="text"/>
E-MAIL	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NATIONAL INSURANCE No.	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

JOINT ACCOUNT WITHDRAWALS (delete where inapplicable)
Withdrawals may be made on the following number of signatures:
Either/all or any of signatures. In signing you indemnify the Society against any claim with regard to such withdrawals.

ACCOUNT DECLARATION (delete where inapplicable)
I/We the person(s) whose signature(s) appear on this form declare that:

- The sums to be invested in the Vernon Building Society will be held by me/us as either sole beneficial owner or joint beneficial owners OR trustee(s) or nominee(s) on behalf of the beneficial owner(s) (excluding trustees for discretionary and accumulation trusts) and the account will not be held by me/us as a bare trustee for a body corporate or for persons who include a body corporate.
- I/We are fully aware that this account is only available for investments made by or on behalf of individuals.
- I/We have read copies of the last published 'Annual Review & Report', incorporating the 'Summary Financial Statement' and the 'Complaints Policy & Procedure' leaflet.
- I/We agree to be bound by the rules of the Society.
- I/We have read a copy of and accept the full terms and conditions of the account.

ARE YOU AN EXISTING VERNON BUILDING SOCIETY CUSTOMER?
 Yes No (Please tick box) If yes, please provide your account numbers.

VERNON ACCOUNT NO.

VERNON ACCOUNT NO.

CUSTOMER DECLARATION
I/We confirm that the Account Declaration details have been read and are correct.

CUSTOMER SIGNATURE(S)

(1) Date

The Society will from time to time inform you of other products and services. If you do not wish to receive such material then please tick this box.

(2) Date

The Society will from time to time inform you of other products and services. If you do not wish to receive such material then please tick this box.

FOR OFFICE USE ONLY

Account number

Customer Advisor signature Date