



Non Personal Account

Application Form PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

Not for use by private individuals. An additional application form should be completed where there are more than four account signatories of the proposed account. For use by Corporate Bodies, Companies resident in the UK, Trustees for partnerships, charities and unincorporated clubs/associations of the UK.

PLEASE ENSURE ALL SECTIONS ARE COMPLETED.

If you do not understand any point or require assistance in completing this form, please call the Vernon Building Society on 0161 429 6262

Section 1: Account Holder Details

Name of Organisation/Business

Type of Organisation

Registered Charity No (if applicable) **OR**
Business Registration No

Nature of Organisation/Business

Address of Organisation/Business

Postcode

Telephone

Day	Evening	Mobile
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Correspondence Address (if different than above)

Postcode

Section 2: Account Information

PLEASE COMPLETE ALL SECTIONS. ALL INFORMATION IN THIS SECTION IS MANDATORY, WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION IF NOT FULLY COMPLETED, RESULTING IN YOUR REQUEST BEING DELAYED

Account Type

Expected Nature / Level of Transactions

Opening Investment

Cash £	Cheque(s) £	Total £
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NOTE: CHEQUES SHOULD BE MADE PAYABLE TO THE ORGANISATION'S NAME. For all accounts not opened in person, cheques must be drawn from the Organisations/Business current account or if issued by a Bank or Building Society, the 'Payee' must bear the name of the Organisation/Business.

Section 3: Withdrawal Instructions

A minimum of two signatures is required for withdrawals. Withdrawals may be made on the following number of signatures:

All OR Any _____ of _____ to sign.

In signing you indemnify the Society against any claim with regard to such withdrawals.

Vernon Building Society Account Number:

Section 4: Account Signatory(s) Details

Account Signatory 1

Title	Surname
<input type="text"/>	<input type="text"/>

First Name(s)
<input type="text"/>

Date of Birth (DD/MM/YYYY)
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

National Insurance 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"/>

Residential Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>

How long have you lived at this address?
Years Months

If less than 2 years please provide your previous address:-

Previous Residential Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>

How long did you live at this address?
Years Months

Email
<input type="text"/>

Telephone Numbers
Day
Evening
Mobile

Occupation
<input type="text"/>

Nationality
<input type="text"/>

Country of Residence
<input type="text"/>

Position within the Organisation
<input type="text"/>

Are you an existing customer? Yes ☐ No ☐

If Yes, please enter your existing Vernon account number(s)
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Account Signatory 2

Title	Surname
<input type="text"/>	<input type="text"/>

First Name(s)
<input type="text"/>

Date of Birth (DD/MM/YYYY)
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

National Insurance 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"/>

Residential Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>

How long have you lived at this address?
Years Months

If less than 2 years please provide your previous address:-

Previous Residential Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>

How long did you live at this address?
Years Months

Email
<input type="text"/>

Telephone Numbers
Day
Evening
Mobile

Occupation
<input type="text"/>

Nationality
<input type="text"/>

Country of Residence
<input type="text"/>

Position within the Organisation
<input type="text"/>

Are you an existing customer? Yes ☐ No ☐

If Yes, please enter your existing Vernon account number(s)
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Vernon Building Society Account Number:

Section 4: Account Signatory(s) Details (cont.)

Account Signatory 3

Surname

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Postcode

Years	Months
-------	--------

Postcode

Years	Months
-------	--------

Day
Evening
Mobile

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Yes

☐ No ☐

No

10

[illegible][illegible]

Vernon Building Society Account Number:

Account Signatory 4

Surname

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--	--	--	--	--	--	--	--

Postcode

Years	Months
-------	--------

Postcode

Years	Months
-------	--------

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Day
Evening
Mobile

[illegible]

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Yes

☐ No ☐

No

11

[illegible][illegible]

Section 5: Tax Details

It is mandatory to complete the Entity Self-Certification form attached.

Anti-Money Laundering legislation requires the Society to identify any persons(s) controlling or owning more than 25% of the Organisations capital, profit, or its voting rights. Where this is the case there is also a requirement for each Controlling Person identified to complete a Controlling Persons Self-Certification form, which is available on request or available to download via the Society's website www.thevernon.co.uk.

Section 6: Identification

We are unable to open a new account without sufficient identification.

One form of identification is required for each account signatory and we will carry out an electronic verification search. If any signatory is an existing customer we will check our records as to when their identity was last confirmed and in certain circumstances we may require further proof of their identity and address. Please refer to 'Our Identification Requirements Leaflet' for full details.

All organisations will need to provide

- A copy of the minute of the meeting at which the resolution to open the account was passed

Business & Limited Companies will also be required to provide:-

- One form of identification for any individual who owns or controls more than 25% of the Organisations capital or profit, or its voting rights
- A copy of certificate of incorporation (Limited Companies)
- A copy of business letterhead (All companies)

We will also carry out a Companies House search on Limited Companies.

Solicitors opening a Client Deposit Account will also be required to provide:-

- One form of identification for any individual who owns or controls more than 25% of the Organisations capital, profit, or its voting rights

We will also carry out a Law Society Registration search

Section 7: Other Information

Signatories must be:

Charities

Trustees or the persons authorised to sign by all trustees

Clubs or Associations

The Secretary and Treasurer or other officers authorised to sign by the managing body

Businesses & Limited Companies

Persons authorised to sign by the Business / Company

Solicitors Client Deposit Account

Solicitors or appointed trustees

Section 8: Terms & Conditions

BEFORE SIGNING THIS FORM OVERLEAF PLEASE READ CAREFULLY THE TERMS & CONDITIONS RELATING TO THIS ACCOUNT AS WE SHALL SEEK TO RELY ON THEM.

Declarations

We the persons whose signatures appear on this form declare that:

- The sums to be invested in the Vernon Building Society will be held on behalf of the named Organisation/Business which is the property of the Organisation/Business, and is not made as nominee for any other company, society, fund or individual.
- We are partners / officers of the Organisation authorised to make and deal with this investment.
- We understand that being a signatory and not the beneficial owner we do not have the right to attend meetings or vote on resolutions of the Society
- We agree to be bound by the rules of the Society.
- We have received copies of the last published 'Annual Review & Report' incorporating the 'Summary Financial Statement' and the 'Complaints Policy & Procedure' leaflet.
- We have read a copy of and accept the full terms and conditions of the account.
- We undertake to advise the Vernon Building Society **within 30 days** of any change in circumstances which affects either the Entity's or any Controlling Persons tax residence status declared on a previously completed Self-Certification Form which causes the information contained to become incorrect, and to provide the Vernon Building Society with a suitably updated Self-Certification and declaration **within 30 days** of such change in circumstances.

We confirm that the details overleaf are correct, and our signatures are an acknowledgement to this declaration

Vernon Building Society Account Number:

Section 9: Terms & Conditions (cont)

Your Personal Data

YOUR RIGHTS

For the purposes of General Data Protection Regulation, the Vernon Building Society is the Data Controller responsible for the processing of your personal data. You have the right to request in writing a copy of the details held about you and where necessary the right to object to certain processing, the right to correct, sometimes delete and restrict the personal data the Society uses. In addition, you have the right to complain to the Society and the Information Commissioners Office (the data protection regulator). Please refer to the Vernon Building Society's Privacy Notice for further information on your rights.

Where you have provided your consent to the Society, such as to receive marketing messages, you have the right to withdraw it at any time. You can do this by notifying your local branch, calling us on 0161 429 6262 or writing to us at Marketing Communications, Vernon Building Society, 19 St Petersgate, Stockport, SK1 1HF. Alternatively, email unsubscribe@thevernon.co.uk.

HOW WE USE YOUR DATA

- a) The Vernon Building Society will only retain your personal data only for as long as necessary to administer your account in line with regulatory and legal requirements.
- b) The Vernon Building Society processes your personal information to enable it to provide a service for its members and customers which may include managing your accounts, maintaining its own accounts and records, supporting staff training and development, promoting its services; undertaking market research and the provision of financial services and advice.
- c) If false and inaccurate information is provided and fraud is identified, your details will be passed to fraud prevention agencies.
- d) The Vernon Building Society requires a lawful reason to process your personal data and for some processing more than one legal basis may be relevant (except where the Society relies on Consent). The Society uses the following reasons to process your personal data: Consent, Performance of a Contract, Legal Obligation and Legitimate Interests.

Marketing Preferences

	Applicant Signatory			
	1	2	3	4
I consent to receive a monthly email newsletter and the occasional marketing email containing information about Vernon Building Society products, services and news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consent to receive phone calls about Vernon Building Society products and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consent to receive direct mail containing information about Vernon Building Society products and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You can change your preferences at any time by emailing communications@thevernon.co.uk, calling 0161 429 6262 or writing to: Marketing Communications, Vernon Building Society, 19 St. Petersgate, Stockport, SK1 1HF

Vernon Building Society Account Number:

Depositor Protection Financial Services Compensation Scheme (FSCS) Information Sheet

We confirm receipt of the information sheet providing the basic information about protection of our eligible deposits relating to the Financial Services Compensation Scheme, including the exclusion list.

Account Signatory 1

Signature

Date (DD/MM/YYYY)

 / /

For ongoing ID verification purposes, please write a memorable word of between 8 and 15 characters below (optional):

Account Signatory 3

Signature

Date (DD/MM/YYYY)

 / /

For ongoing ID verification purposes, please write a memorable word of between 8 and 15 characters below (optional):

Account Signatory 2

Signature

Date (DD/MM/YYYY)

 / /

For ongoing ID verification purposes, please write a memorable word of between 8 and 15 characters below (optional):

Account Signatory 4

Signature

Date (DD/MM/YYYY)

 / /

For ongoing ID verification purposes, please write a memorable word of between 8 and 15 characters below (optional):

For office use only (must be completed in BLACK)

Account Signatory 1

<input type="checkbox"/>	Existing Customer				
Customer No: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>					
<p>(A) Verification of identity:</p> Call ML Reference <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>					
<div style="display: flex; justify-content: space-between; align-items: center;"> or </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left; padding: 5px;">I.D. Description</th> <th style="width: 50%; text-align: left; padding: 5px;">Reference/Expiry Date</th> </tr> </thead> <tbody> <tr> <td style="height: 40px; border: 1px solid black;"></td> <td style="height: 40px; border: 1px solid black;"></td> </tr> </tbody> </table>		I.D. Description	Reference/Expiry Date		
I.D. Description	Reference/Expiry Date				

(B) Verification of address:

Call ML Reference

or

I.D. Description	Reference/Expiry Date

Account Signatory 3

<input type="checkbox"/>	Existing Customer
Customer No:	
<input type="text"/>	
(A) Verification of identity:	
Call ML Reference	
<input type="text"/>	
<i>or</i>	
I.D. Description	Reference/Expiry Date
<input type="text"/>	<input type="text"/>

(B) Verification of Address:

Call ML Reference

or

I.D. Description	Reference/Expiry Date
<input type="text"/>	<input type="text"/>

Input By _____

Checked By _____

Account Signatory 2

<input type="checkbox"/>	Existing Customer
Customer No:	
<input type="text"/>	
(A) Verification of identity:	
Call ML Reference	
<input type="text"/>	
<i>or</i>	
I.D Description	Reference/Expiry Date
<input type="text"/>	<input type="text"/>

(B) Verification of address:

Call ML Reference

or

I.D Description	Reference/Expiry Date

Account Signatory 4

<input type="checkbox"/>	Existing Customer
Customer No:	
<input type="text"/>	
(A) Verification of identity:	
Call ML Reference	
<input type="text"/>	
<i>or</i>	
I.D Description	Reference/Expiry Date
<input type="text"/>	<input type="text"/>

(B) Verification of address:

Call ML Reference

or

I.D Description	Reference/Expiry Date

Date (DD/MM/YYYY)									
		/			/				

Date (DD/MM/YYYY)									
		/			/				

Vernon Building Society Account Number

[illegible]



Protected



Basic information about the protection of your eligible deposits	
Eligible deposits in the Vernon Building Society are protected by	The Financial Services Compensation Scheme ("FSCS") ¹
Limit of protection:	£85,000 per depositor per bank / building society / credit union ²
If you have more eligible deposits at the same bank / building society / credit union:	All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £85,000 ²
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately ³
Reimbursement period in case of bank, building society or credit union's failure:	10 working days ⁴
Currency of reimbursement:	Pound sterling (GBP, £) or for branches of UK banks operating in other EEA Member States, the currency of that State.
To contact the Vernon Building Society for enquiries relating to your account:	Vernon Building Society, 19 St Petersgate Stockport Cheshire SK1 1HF Tel: 0161 429 6262
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme, 10 th Floor Beaufort House 15 St Botolph Street London EC3A 7QU Tel: 0800 678 1100 or 0207 741 4100 Email: ICT@fscs.org.uk
More information:	http://www.fscs.org.uk

Additional Information (all or some of the below)

¹ Scheme responsible for the protection of your eligible deposit
Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

² General Limit of Protection
If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers a maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferrable. These are eligible deposits connected with certain events including:

- a) certain transactions relating to the depositor's current or prospective only main residence or dwelling;
- b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction. More information can be obtained under <http://www.fscs.org.uk>

Please turn over...



Protected

³ Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business, partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

⁴ Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses or operating costs (in the case of a depositor which is not an individual or a large company) within 5 working days of a request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under <http://www.fscs.org.uk>.

Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

Exclusion List

A deposit is excluded from protection if:

- 1) The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
- 2) The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- 3) It is a deposit made by a depositor which is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective instrument undertaking
 - pension or retirement fund ⁶
 - public authority, other than a small local authority

For further information about exclusions, refer to the FSCS website at www.FSCS.org.uk

⁶ Deposits by personal pension schemes, stakeholder pensions schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded

Entity Tax Residency Self-Certification declaration

Account Number:-

(office use)

Please read before completing this form.

The UK government has signed, and will be signing, a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other countries. The requirement to collect certain information about each customer's tax arrangement is part of UK legislation and as a financial institution we are legally obliged to collect it.

We are asking for your tax residency and tax ID numbers (where applicable) and will record this on our records now, but will only disclose this information to the relevant tax authorities if and when we are required to under UK law.

To find the list of countries that have signed information sharing arrangements, please go to the OECD automatic exchange information portal

<http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/>

and

<http://www.oecd.org/tax/automatic-exchange/crs-implemtation-and-assistance/crs-by-juristiction/#d.en.345489>

Your tax residence generally is the country in which you live for more than half the year, but rules differ. Further details are available here:-

www.oecd.org/tax/automatic-exchange/crs-implemtation-and-assistance/tax-residency/#d.en.347760

As a financial institution, we, the Vernon Building Society, are not allowed to give tax advice. If you have any questions on how to complete this form we recommend that you speak to your tax authority (for example HMRC in the UK) or your tax or legal adviser.

Entity Tax Residency Self-Certification declaration

Account Number:-

(office use)

Part 1 – Account Holder Information

Legal Name of Entity	Registered Address:	Mailing Address (if different):
Country of Incorporation, Organisation or Registration of a Trust:		
Global Intermediary Identification Number (GIIN) ¹ (Financial Institutions only)		

Part 2 – Entity Type

1. In relation to opening this account, is the Entity:-

- | | | |
|--|------------|-----------|
| • A Financial Institution (including a professionally managed trust) – if so please ensure you have provided your GIIN in the space above | Yes | No |
| • A registered UK Pension Fund | Yes | No |
| • A registered UK charity ² with trustees (or directors in the case of a charitable company) who are tax resident only in the UK and/or US ³ | Yes | No |

If you answered **Yes** to any of the above, you do not need to fill out the rest of this form.

In relation to opening this account, is the Entity:-

- | | | | |
|--|------------|-----------|---------------------------------------|
| • Actively trading Non-Financial Institution | Yes | No | (if Yes, go to Q2) |
| • Non-Trading Investment Body ⁴ | Yes | No | (if Yes go to Q2) |
| • Other | Yes | No | (please specify below, then go to Q2) |

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¹ GIINs have been required for Financial Institutions since 1st January 2015

² If your Charity is not a UK one, or the trustees are tax resident in a country other than the UK, the remainder of this form must be completed.

³ All UK registered charities are exempt regardless of the tax residency of their trustees

⁴ Includes a non-professionally managed trust.

Entity Tax Residency Self-Certification declaration

Account Number:-

(office use)

2. Is the Entity a resident for tax purposes only in the UK⁵ **Yes** (go to Q5) **No** (go to Q3)
3. If you answered **No** to Question 2, please state if the Entity is resident for tax purposes in the US? **Yes** (go to Q5) **No** (go to Q4)
4. If you answered **No** to Question 3, please state if the Entity is resident for tax purposes in any other country apart from the UK and US? **Yes** (go to Q5) **No** (go to Q6)
5. If the Entity is a Non-Trading Investment Body, such as a non-professionally managed trust or an investment company, are all of the controlling persons⁶ of the entity resident for tax purposes only in the UK? **Yes** (Stop) **No** (go to Q6)
6. If you answered **No** to Question 4, for each controlling person identified as part of AML/KYC, please list the full names of the controlling persons

Remember, each controlling person identified as part of the AML / KYC process must also complete a tax residency self-certification and declaration. (See Controlling Persons' separate form)

Part 3 – Country Of Residence For Tax Purposes

Please complete the table below in respect of the Entity indicating:-

- (i) The country / countries where the Entity is tax resident, and
- (ii) The Tax Identification Number (TIN) in the country / countries of tax residence

Country / Countries of Residence for tax purposes	Tax Identification Number (TIN)	Please state why TIN not provided

Part 4 – Declaration

⁵ Tax residency rules for Entities vary from country to country, and can be quite complicated. For instance, companies will often be tax resident in the country where they are incorporated and may also be resident in any other countries in which they conduct business, while trusts may need to consider where their trustees are resident. If there is doubt about where an Entity is tax resident, professional advice may be required.

⁶ Controlling Persons – for a trust this includes settlor, trustee, protector (if any) beneficiary or class of beneficiaries. For any other entity, it includes a shareholder and any other natural persons exercising ultimate control over the investment. Controlling Persons must also complete a tax residency self-certification and declaration. They will be required to provide details such as the type of controlling person they are and the country or countries in which they are tax resident, together with any Tax Identification Number(s) / Tax Identification Number(s) that may be relevant.



Entity Tax Residency Self-Certification declaration

Account Number:-

(office use)

I understand that the information I have supplied is covered by the full provisions of the terms and conditions governing _____ relationship with the Vernon Building Society setting out how the Vernon Building Society may use and share the information I have supplied.

I acknowledge that the information contained in this form and the information regarding reportable account(s) may be reported to the tax authorities of the country in which this account(s) is / are maintained and exchanged with tax authorities of another country or countries in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the country / countries in which this account(s) is / are maintained.

I certify that I am authorised to sign for _____ in respect of all of the account(s) to which this form related.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise the Vernon Building Society **within 30 days** of any change in circumstances which affects the tax residency status of the account holder identified in Part 1 of this form or causes the information contained herein to become incorrect (including any changes to the information on controlling persons identified earlier), and to provide the Vernon Building Society with a suitably updated self-certification and declaration **within up to 30 days** of such change in circumstances.

Print Name:

Date:

Signature:

Please indicate the capacity in which you are signing the form (for example "authorised officer"). If signing under a Power of Attorney please also attach a certified copy of the Power of Attorney.

Capacity:-