

## **Charity Giving Account(s) Personal Savings Application Form**

Please ensure all sections are completed

Personal details				
Applicant 1	Applicant 2			
Title	Title			
Forename – as shown on ID	Forename – as shown on ID			
Middle name(s) – as shown on ID (if applicable)	Middle name(s) – as shown on ID (if applicable)			
Surname – as shown on ID	Surname – as shown on ID			
Gender	Gender			
Existing RBL customer?   Yes   No	Existing RBL customer?			
Nationality	Nationality			
Date of birth	Date of birth			
Date of Shift	Date of Birth			
Marital status	Marital status			
Marital status	Marital status			
Daytime telephone	Daytime telephone			
Mobile telephone	Mobile telephone			
Email Professional and the desired and the des	Email Professional Control Control			
Preferred contact method	Preferred contact method			
Telephone ⊠ Email ⊠ Post				
Resident since Current address	Resident since Current address			
Postcode	Postcode			
Residential status	Residential status			
⊠ Owner occupier ⊠ Tenant				
☐ Living with family/friends ☐ Other	☑ Living with family/friends ☑ Other			
If you have been residing at your current address for less than 3 months, please provide previous address below Previous address	If you have been residing at your current address for less than 3 months, please provide previous address below Previous address			
Postcode	Postcode			
Identity Requirements				
As part of the account opening process you will be required to provide us with photographic identification and a proof of address. Pleas see the "What you need to open an account" for what you need to send to us. If you are in any doubt, please give us a call.				

	Employment and	income details	
Applicant 1		Applicant 2	
Employment status		Employment status	
		Employed full time	
Self Employed	⊠ Unemployed	Self Employed	
Student	□ Retired	Student     Student	□ Retired     □ Retir
□ Receiving disability benefits		□ Receiving disability benefits	
If you are classed as employed, pl		If you are classed as employed, ple	
Date employment commenced	ease IIII out the details below	Date employment commenced	ease iiii out the details below
Occupation		Occupation	
Employer's name		Employer's name	
Employer's address		Employer's address	
Postcode		Postcode	
Annual salary (before tax and ded	uctions)	Annual salary (before tax and dedu	uctions)
£	uctions)	£	uctions)
How frequently are you paid?	N Division I I	How frequently are you paid?	N/ D' I b
Weekly     ■ Market     ■ Market	⊠ Bi-weekly	Weekly     ■ Market Barrier     Weekly     ■ Market Barrier     ■ Market Barrier	⊠ Bi-weekly
Monthly		Monthly	○ Other
Net monthly income (How much d	o you expect to receive in your	Net monthly income (How much do	o you expect to receive in your
account per calender month?)		account per calender month?)	
£		£	
If you are classed as self employe	d, please fill out the details below	If you are classed as self employed	d, please fill out the details below
Date became self employed		Date became self employed	
Company/trading name		Company/trading name	
Occupation		Occupation	
Company/trading address		Company/trading address	
Postcode		Postcode	
Most recent year net profit		Most recent year net profit	
£		£	
Most recent year salary		Most recent year salary	
£		£	
Most recent year dividends		Most recent year dividends	
£		£	
Net monthly income (How much daccount per calender month?)	o you expect to receive in your	Net monthly income (How much do account per calender month?)	you expect to receive in your
£		£	
Please provide details of any other	r regular income below	Please provide details of any other	regular income below
Amount		Amount	
£		£	
Further information may be require	ad.	Further information may be require	od.



	Savings accour	nt information			
Please tick the Charity giving account type y	ou would like to open				
Instant access savings account		ngs account			
⊠ 6 month Fixed Term Deposit	☑1 Year Fixed Term D	)enosit	X 2 Vea	r Fixed Term Deposit	
20 Monut i ixed Tellii Bepesit	Z I I Cai I IXCG I CIIII E	горози	ZZ TCa	Trixed Term Deposit	
Initial deposit amount	1:4: \	How will the initial denocit	amount	ho roccived?	
(minimum - refer to the account terms and cond $\mathfrak L$	altions)	How will the initial deposit	amount	Cheque payable to applicant	
What is the source of the intial deposit?		Electronic transfer		Crieque payable to applicant	
	investment	Other			
Please provide details of the nominated account					
Bank name	Tor credit interest and train	Account name			
Account number		Sort code			
Account number		Applicant 2			
Are you recident in the LIV for tox purposes?		• •	for toy r	ournesse?	
Are you resident in the UK for tax purposes?		Are you resident in the UK	c ioi tax p	<u> </u>	
×Yes × No		⊠Yes		⊠No	
Country of birth		Country of birth			
If you are unsure please seek professional tax a		If you are unsure please s			
For your protection, please answer the following		For your protection, please answer the following questions which will be used to identify you for telephone banking purposes			
be used to identify you for telephone banking pu Favourite colour	iiposes	• •	telephor	ie banking purposes	
		Favourite colour			
Favourite back		Favourite place Favourite book			
Favourite book		Mother's maiden name			
Mother's maiden name		Town of birth			
Town of birth	antha an ab an di anna		ın to date	e with information about other	
We would like to keep you up to date with inform products which we think may be of interest to yo		•	•	be of interest to you. Please tick	
ways you would like to receive this communicati		·	•	s you would like to hear from us.	
			mail		
You can change your preferences at any time by	<b>.</b>			at any time by contacting us	
Is there anything you would like to make us awa	•	• • • •		•	
affect the management of your accounts, such a	•	Is there anything you would like to make us aware of which may affect the management of your accounts, such as health issues or			
disability?		disability?			
⊠ Yes ⊠ No		⊠ Yes		⊠ No	
If yes, please notify us of who we should contact	t to discuss your	If yes, please notify us of v	who we s	should contact to discuss your	
needs and offer suitable support where possible	. Such information	needs and offer suitable s	upport w	here possible. Such information	
will classify as sensitive personal data which we	•	·		ata which we can only record with	
your explicit permission. If you selected yes abo				ected yes above and are happy to	
consent to us processing this information please	e lick this box		triis iriiori	mation please tick this box	
		Name			
		Telephone			
Alleren		Email			
Address		Address			
Postcode		Postcode			
Credit interest on savings is paid gross (without deducting any tax). If you have savings income below your Personal Savings  Allowance you will have no tax to pay on the interest. If your savings interest exceeds your Personal Savings Allowance, there will be					
Allowance you will have no tax to pay on the tax payable. Information on the level of your	•				
tax payable. Illior mation on the level of your	i ci sonai savings Allowa	ince can be found on the (	gov.uk w	cosite. Danks and Dunding	

Societies may share information with HMRC on credit interest paid.

## **UK General Data Protection Regulation**

We will process your personal information in accordance with the UK GDPR and it will be treated as private and confidential now and in the future. The only exceptions to this will be when the law requires us to disclose information, with your consent or where disclosure is necessary. To fulfil our regulatory obligations any identification documents will be copied and saved on the Bank systems whilst you remain a customer with us.

For more information on how we handle and protect your data, please review our Privacy Notice available at:

www.reliancebankltd.com/privacy-policy

If you have any queries or require further assistance relating to any other data protection matters, please contact our data protection officer on dpo@reliancebankltd.com or 020 7398 5400

## **Declaration**

Please read, complete and sign the below declaration and retain the FSCS information sheet and exclusion list

I/we have read and agreed to the Charity Giving Instant Access Personal Savings Account and / or a 35 or 90 Day Notice Personal Savings Account Terms or the Fixed Term Deposit Accounts Terms and Conditions ("T&C's") and Personal Terms and Conditions

By applying for a Reliance Bank Charity Giving Fixed Term Deposit Account and / or a 35 or 90 Day Notice Account or Instant Access Savings Account, I am authorising Reliance Bank to make any enquiries which are considered to be appropriate whilst processing this application, and I am confirming that to the best of my knowledge that the information is true and accurate.

I/we understand that no withdrawals will be permitted during the Fixed Term period and Notice Account period as outlined in the T&Cs.

I am/we are permanent UK resident(s), subject to UK tax legislation (Channel Islands and Isle of Man excluded) and will advise Reliance Bank of any changes in this status.

If the account is opened in joint names, any ONE signature will be accepted on the account unless I/we instruct otherwise.

I am/we are the sole/joint beneficial owners of any monies deposited with Reliance Bank.

I/we acknowledge receipt of the FSCS Information Sheet and Exclusions List.

Applicant 1	Applicant 2
D /	
Date:	Date: