

Investment account application form

Type of account	<input type="text"/>	Opening balance	<input type="text"/>
Title of account	<input type="text"/>	Account no	<input type="text"/>

CUSTOMER 1

Title	<input type="text"/>	E-mail	<input type="text"/>
Surname	<input type="text"/>	Daytime tel	<input type="text"/>
Forename(s)	<input type="text"/>	Evening tel	<input type="text"/>
Address	<input type="text"/>	Gender	<input type="text"/> (male/female)
		Nat Ins No	<input type="text"/> (XX 99 99 99 X)
		DOB	<input type="text"/> (dd/mm/yyyy)
		Tax group	<input type="text"/> (net/gross)
Postcode	<input type="text"/>	Holder type	<input type="text"/> (holder/beneficiary/trustee/company)

CUSTOMER 2

Title	<input type="text"/>	E-mail	<input type="text"/>
Surname	<input type="text"/>	Daytime tel	<input type="text"/>
Forename(s)	<input type="text"/>	Evening tel	<input type="text"/>
Address	<input type="text"/>	Gender	<input type="text"/> (male/female)
		Nat Ins No	<input type="text"/> (XX 99 99 99 X)
		DOB	<input type="text"/> (dd/mm/yyyy)
		Tax group	<input type="text"/> (net/gross)
Postcode	<input type="text"/>	Holder type	<input type="text"/> (holder/beneficiary/trustee/company)

CUSTOMER 3

Title	<input type="text"/>	E-mail	<input type="text"/>
Surname	<input type="text"/>	Daytime tel	<input type="text"/>
Forename(s)	<input type="text"/>	Evening tel	<input type="text"/>
Address	<input type="text"/>	Gender	<input type="text"/> (male/female)
		Nat Ins No	<input type="text"/> (XX 99 99 99 X)
		DOB	<input type="text"/> (dd/mm/yyyy)
		Tax group	<input type="text"/> (net/gross)
Postcode	<input type="text"/>	Holder type	<input type="text"/> (holder/beneficiary/trustee/company)

CUSTOMER 4

Title	<input type="text"/>	E-mail	<input type="text"/>
Surname	<input type="text"/>	Daytime tel	<input type="text"/>
Forename(s)	<input type="text"/>	Evening tel	<input type="text"/>
Address	<input type="text"/>	Gender	<input type="text"/> (male/female)
		Nat Ins No	<input type="text"/> (XX 99 99 99 X)
		DOB	<input type="text"/> (dd/mm/yyyy)
		Tax group	<input type="text"/> (net/gross)
Postcode	<input type="text"/>	Holder type	<input type="text"/> (holder/beneficiary/trustee/company)

Interest payment details (please note not all options are available for every account type)

Added to this account <input type="checkbox"/>	Paid to another DBS account <input type="checkbox"/> <i>Fill in fields 1 and 2 below</i>	Paid to another bank/building society account <input type="checkbox"/> <i>Fill in fields 1 to 5 below</i>										
<table border="1"> <tr> <td>1 Account name</td> <td><input type="text"/></td> </tr> <tr> <td>2 Account no</td> <td><input type="text"/></td> </tr> <tr> <td>3 Bank/building society name</td> <td><input type="text"/></td> </tr> <tr> <td>4 Sort Code</td> <td><input type="text"/></td> </tr> <tr> <td>5 Branch address</td> <td><input type="text"/></td> </tr> </table>			1 Account name	<input type="text"/>	2 Account no	<input type="text"/>	3 Bank/building society name	<input type="text"/>	4 Sort Code	<input type="text"/>	5 Branch address	<input type="text"/>
1 Account name	<input type="text"/>											
2 Account no	<input type="text"/>											
3 Bank/building society name	<input type="text"/>											
4 Sort Code	<input type="text"/>											
5 Branch address	<input type="text"/>											

If you are opening this account by cheque, please make sure the cheque is written out to yourself.
PLEASE ENSURE THAT YOU READ AND SIGN THE DECLARATION ON THE REVERSE OF THIS APPLICATION FORM

Agreement to assign

IF YOU HAD A SHARE ACCOUNT WITH THE SOCIETY ON 31st JANUARY 2000 AND HAVE KEPT A SHARE ACCOUNT EVER SINCE THAT DATE, THE WORDING IN PARAGRAPHS 1 to 3 BELOW DOES NOT APPLY TO YOU. PLEASE LIST YOUR SHARE ACCOUNT NUMBER(S)

1 By applying to open a share account on or after 1st February 2000 I agree with the Society and the County Durham Foundation ("the CDF") that I will assign to the CDF (or to any charity(ies) nominated by it or by the Society under the provisions of a deed dated 31st January 2000 between the Society and the CDF, in which case references to the CDF shall include references to any other charity(ies), but to no other person) the rights to any relevant conversion benefits (defined below). This obligation will not apply to me if I fall within any class of persons which, as at today's date, the Society wishes to be excluded from such obligation. This agreement is irrevocable and authorises the Society to transfer to the CDF any such benefits without further notice to me. I understand that neither the Society nor the CDF will release me from this agreement or vary its terms and (except as set out in paragraph 2 below) I will continue to be bound by the above condition even if the Society decides at some time in the future (and announces any such decision by press release) that it is no longer in the best interests of the Society to continue with the above assignment condition generally in respect of new members.

2(a) "Relevant conversion benefits" means any benefits to which I might become entitled as a shareholding member of the Society under the terms of any future transfer of the Society's business to a company (i.e. on a conversion or takeover) which is completed at any time within the five years immediately following the date on which my share account is opened (or, if applicable, the shorter period as set out in the list available from the Society's Secretary). "Relevant conversion benefits" does not include the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company on a conversion or takeover.

2(b) If the Society merges with any other society, after the date of such merger the "Society" includes such other society.

3 I authorise the Society to pass to the CDF such information relating to me and my accounts with the Society as the CDF may reasonably require in order to administer this agreement to assign and the relevant conversion benefits and for no other purpose. I consent to both the Society and the CDF holding and processing such information for such purposes.

A list of the classes of persons which the Society currently wishes to be excluded from the obligation to assign or in respect of which a shorter period applies (A list, which may change from time to time but not with retrospective effect) is available on request from the Society's Secretary at its Head office.

Keeping you up to date about our products and services

We would like to send you information about our own products (such as savings and mortgage products). If you agree to being contacted, please tick the relevant box to give your consent and communicate your contact preferences.

HOLDER 1

Email* Post Phone Text

HOLDER 2

Email* Post Phone Text *E-mail also includes digital media and other electronic channels.

We would like to send you information about other products and services which are provided by carefully selected third parties. The third parties we work with provide products such as protection, wealth management and financial advice. If you agree to being contacted, in line with your preferences communicated above, please tick the box to give your consent.

HOLDER 1

HOLDER 2

If you change your mind about how you want to stay up to date, you can ask us to change your preferences at any time by writing to our head office, emailing us, visiting our website or popping into a branch.

Investment account declaration

I agree to be bound by the General Terms and Conditions (Savings and Investment Accounts), of which I have received a copy and the Terms and Conditions of the Freedom Card (if applicable), and the Rules of the Society for the time being in force (copies of which are available on request) and confirm that the Investment is made upon the terms and subject to the conditions applicable to the class of share selected.

I declare that the Account will not be held by me as a bare trustee for a body corporate, or for persons who include a body corporate. (A bare trustee is one who holds property in trust for the absolute benefit and at the absolute disposal of other persons and, apart from a duty to transfer the property to them on request, has no other duties in respect of it. Any person who has an existing beneficial interest in the property cannot be a bare trustee).

In line with government recommendations the Society is under an obligation to verify the identity and permanent address of all new customers. To enable the verification procedure to be completed, the Society may make enquiries of a licensed credit reference agency who will keep a record of the enquiry.

1. Are you, and all other investors on the account, a citizen and tax resident of the UK only? Yes No

If 'No' please answer the following questions:

a. Are you, or any investors on the account, a citizen of the USA? Yes No

b. Please list the countries other than the UK of which you, or any investors on the account, are tax resident, if any, together with associated tax reference number.

Customer 1 country:	Customer 2 country:	Customer 3 country:	Customer 4 country:
Tax Ref No.	Tax Ref No.	Tax Ref No.	Tax Ref No.

The information you give on this form will be recorded on our computer and used to provide the service you have requested, and any services you may require in the future, or that may be suitable for your needs. It may also be used occasionally for fraud prevention.

Number of signatures required for a withdrawal if more than one investor on the account

Customer 1 signature	Customer 2 signature	Customer 3 signature	Customer 4 signature
Date	Date	Date	Date

I/we have received a copy of the Financial Services Compensation Scheme information sheet which provides details of the scheme and eligibility of my/our funds.

Customer 1 signature	Customer 2 signature	Customer 3 signature	Customer 4 signature
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For Society use only

Prepared by

Hold Codes Date

Date account opened Reviewed/Authorised by

Verification of birth certificate for Foundation Accounts Date

Head office: Sentinel House, Morton Road, Darlington, Co Durham DL1 4PT Phone: 01325 366366 Fax: 01325 741000

DX 712851 Darlington 6 www.darlington.co.uk

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered Number 205895.

AG 05/18

Self-certification declaration form for an individual

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 agreements, 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-implementation-and-assistance/crs-by-jurisdiction/#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-implementation-and-assistance/tax-residency/#d.en.347760

As a financial institution, we, Darlington 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.

Individual tax residency self-declaration form

Part 1 – account holder information

Your full name:	
Title:	
Your current address (including country):	
Mailing address (if different):	
Date of birth:	

Part 2 – country of tax residence

1. Are you a citizen and tax resident of the UK only?

Yes No

If YES, please sign at the end of this form. If NO, please answer questions 2-5.

2. Are you a citizen of and/or tax resident in the USA?

Yes (go to Q3) No

3. If you answered yes to Q2, please provide your US tax identification number.

Country tax residency	Tax identification number	Please state why TIN not provided
United States		

4. Are you tax resident in a country other than the UK or US?

Yes (go to Q5) No (please sign at end of this form)

5. Please list the countries other than the UK and US of which you are tax resident, if any, together with associated tax identification number.

Country/countries of tax residency	Tax identification number	Please state why TIN not provided

Part 3 – declaration

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

I acknowledge that the information contained in this form and information regarding reportable account(s) may be provided 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.

I certify that I am the account holder (or am authorised to sign for the account holder) of all the account(s) to which this form relates.

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 Darlington Building Society within 30 days of any change in circumstances which affects my tax residency status identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide Darlington Building Society with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

Signature:

Print name:

Date:

*If you are not the account holder, please indicate the capacity in which you are signing the form.
If signing under a power of attorney please also attach a certified copy of the power of attorney.*

Capacity:

