

# CHARITY BANK COMMUNITY ACCOUNT

## APPLICATION FORM FOR INDIVIDUALS



CHARITY  
BANK

Please complete and return this form to:  
Charity Bank, 194 High Street, Tonbridge, Kent TN9 1BE

### FOR OFFICE USE

Account number

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## 1 Please indicate the term of the deposit you would like to open:

12 months

I / We would like to open the account with £  (minimum £1,000)

36 months

Please enclose cheque payable to **Charity Bank and your name**

## 2 Details of applicant(s)

### First applicant

Mr/Mrs/Ms/other

### Second applicant

Mr/Mrs/Ms/other

Full name

Permanent residential address

Post code

Post code

How long at that address?

If less than three years, supply previous address separately (applies to all signatories)

Contact telephone number

Email address

Date of birth

 /  /  /  / 

Country and place of birth

National Insurance number

### Third applicant

Mr/Mrs/Ms/other

### Fourth applicant

Mr/Mrs/Ms/other

Full name

Permanent residential address

Post code

Post code

How long at that address?

If less than three years, supply previous address separately (applies to all signatories)

Contact telephone number

Email address

Date of birth

 /  /  /  / 

Country and place of birth

National Insurance number

### 3 Other details

The terms and conditions applying to deposit and savings accounts held with Charity Bank are contained in the Charity Bank Deposit Accounts General Terms and Conditions.

Where did you hear about Charity Bank?

### 4 Tax

If you are eligible to receive interest without tax deducted you will need to complete an R85 form (or R105 form if you are not resident in the UK). For joint accounts please complete a separate form per applicant.

Are you eligible to receive interest without tax deducted? Yes  No

Please send me an R85 form

Please send me an R105 form

*You can download these forms from the HMRC website at [www.hmrc.gov.uk](http://www.hmrc.gov.uk)*

#### Interest donation

If you would like to donate your interest to the Charity Bank Founder Reserve, keeping our loans affordable for charitable organisations, please tick the following box

### 5 Use of information

Charity Bank will use your information to provide the charitable products or service you have requested. We will not disclose your information to any outside organisation except as part of providing that product or service or when legally advised to do so.

We may provide you with details or information about products, services or events of ours which we think may be of interest to you. If you do not wish to receive such information or details of our other products, services or events please indicate here

### 6 Declaration

#### Each signatory should read the following before signing

I have read the account terms and conditions set out in the Deposit Account Terms and Conditions and agree to be bound by them.

I agree to Charity Bank using the information contained in this form for processing the application and managing the account, including carrying out an electronic search. I understand that the information may be held electronically and also that it may be retained after the account is closed. I am aware that under the Data Protection Act 1998 I can request a copy of any personal information held about me in the Bank's records and also ask for any errors to be corrected.

### 7 Signatures (of all account signatories)

Signatory one

Date  /  /

Signatory two

Date  /  /

Signatory three

Date  /  /

Signatory four

Date  /  /

How many signatures are required to operate the account?

**PLEASE COMPLETE**