

Interest options

For accounts with a choice of monthly or annual interest, please tick your preferred option: Monthly Annually

For accounts with a choice of interest payment method, please indicate your requirements:

- 1. Add the interest to this account
- 2. Pay interest to another Britannia account number in the name(s) of
- 3. Pay interest to a bank account:
Account number Sort code - in the name(s) of

Select Access Saver accounts – please complete the following:

Linked current account details – your current account will be linked to your Britannia Select Access Saver account.

Name(s) of account holder(s)
Current account sort code - Current account number

'Re' accounts – If you are opening the account in your name on behalf of a child (i.e. a 'Re' account) please complete the following section.

Child's forename(s) Child's address Please tick if the same as Applicant 1
 Child's surname
 Child's date of birth
 Please remember to sign within Section 4 overleaf. Postcode

Tax Status (This section must be completed)

Are you a UK resident for tax purposes? Yes No
 Are you a United States Citizen? Yes No
 If yes, please provide a Tax Identification No.

Are you resident for tax purposes outside the UK? Yes No
 If yes, please provide details of your tax residencies below:

Countries where tax resident	Tax Identification, National Insurance or Social Security Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you hold further tax residencies please provide this information on a separate sheet and attach to this form.

UK tax regulations require the collection of information regarding an account holder's tax residency and citizenship status. Therefore, please complete the relevant questions above and provide the information requested. Please note that we may be required to share this information about you with the relevant tax authorities.

If at any time in the future you need to change the information that you have provided, you are required to advise us within 30 days of such change in circumstances.

If you have any questions about how to complete this form, please contact your tax adviser.

NOW PLEASE READ THE DECLARATION AND SIGN/DATE THE APPLICATION FORM

Declaration

We want you to understand the nature of this product. It is for your own benefit and protection to read the terms and conditions that apply to this account carefully before signing this declaration. If you do not understand any point, please ask us for further information. Please ask a member of staff at your local branch or if you'd prefer, call our customer helpline on 0800 132 304.

I (each of us if more than one is applying) agree that:

- a) the information I have given is true, complete and up to date and I authorise you to make enquiries to confirm this information and to update my account records where appropriate;
- b) you may decide to decline my application;
- c) terms and conditions apply to this account. I can obtain a copy of these from any of your branches;
- d) if the balance falls below the minimum specified for that account, you reserve the right to pay any interest rate, including zero;
- e) I confirm that I have received the notice headed 'Using your personal information' provided with your terms and conditions and I agree to you processing my personal data as detailed. I confirm that I am entitled to disclose information about my co-applicant, guarantor and anyone else to whom I refer and I have informed those individuals of how their information will be used. I have the right to access the information held and correct any inaccuracies.

1 Your marketing preferences and consent declaration

At The Co-operative Bank p.l.c. (trading names - smile, Platform and Britannia) we would like to keep you up to date with details of our retail banking products and services such as: current accounts, savings, mortgages and unsecured lending products. If you consent to us contacting you for this purpose, please tick the relevant box(es): You have the right to withdraw, object to, or change your marketing preferences at any time either by calling us or visiting one of our branches.

1st Applicant by post by telephone by email by text message **2nd Applicant** by post by telephone by email by text message

The Co-operative Bank p.l.c. would also like to keep you up to date with relevant products and services available to you by our carefully selected **third parties**. (Go to co-operativebank.co.uk/global/thirdparties for a list of third parties.)

1st Applicant Please tick if you consent to this: **2nd Applicant** Please tick if you consent to this:

PLEASE REMEMBER TO PROVIDE PROOF OF IDENTITY, CONFIRMATION OF ADDRESS AND SIGNATURE IF REQUESTED AS DETAILED IN ACCOMPANYING INFORMATION.

All account holders must sign Section 1, 2, 3 or 4 as applicable.

Section 1 - For passbook/statement accounts only

1. Signatures Signature Date
 (for joint accounts,
 all signatures are needed) Signature Date

Applicant 1 please tick: I have received and read the Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusions List.

Applicant 2 please tick: I have received and read the Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusions List.

If you are opening a joint account and would like the account to be operated by any one signatory, please also sign Section 2 below.

Section 2 – Joint accounts

Either Signature Authority – We agree that either or any one of us may withdraw any or all of the money in the account and give a good receipt to Britannia. Britannia may also rely on the signature of either or any one of us for other purposes connected with the account. This authority may be terminated by either or any one of us but not so far as to affect previous withdrawals or other dealings with the account.

Signatures Signature Date
Signature Date

Applicant 1 please tick: I have received and read the Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusions List.

Applicant 2 please tick: I have received and read the Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusions List.

Section 3 - All accounts with the exception of FirstSaver

We agree that either or any one of us may withdraw any or all of the money in the account and give a good receipt to Britannia. Britannia may also rely on the signature of either or any one of us for other purposes connected to the account.

Signatures Signature Date
 (for joint accounts,
 all signatures are needed) Signature Date

Applicant 1 please tick: I have received and read the Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusions List.

Applicant 2 please tick: I have received and read the Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusions List.

Section 4 - 'Re' accounts

Please sign this section when opening an account in your name on behalf of a child.

Signature Date

Applicant 1 please tick: I have received and read the Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusions List.

For Britannia's use only

ACCOUNT OPENING DETAILS. Please remember to write the new account number on the front of the form in the scanning code box.

Account number

Date account opened

Account opened by (initials)

Employee number

Branch number (if applicable)

Account checked by (initials)

Employee number

IDENTIFICATION DETAILS	APPLICANT 1		APPLICANT 2	
Existing or New Customer	EXISTING <input type="checkbox"/>	NEW <input type="checkbox"/>	EXISTING <input type="checkbox"/>	NEW <input type="checkbox"/>
Signature checked to account no. OR				
other ID type and ref. no.				
Is any additional supporting ID information documented and recorded on Clientwise?	YES <input type="checkbox"/>		YES <input type="checkbox"/>	
EID search done? (not required if sig. check successful)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Result (ensure printout is attached and C/Wise updated)	YES <input type="checkbox"/>	REFER <input type="checkbox"/>	UNCONFIRMED <input type="checkbox"/>	YES <input type="checkbox"/>
If required, has acceptable paper ID been taken and recorded on Frontline?	YES <input type="checkbox"/>		YES <input type="checkbox"/>	
Are the ID photocopies properly certified and attached?	YES <input type="checkbox"/>		YES <input type="checkbox"/>	

Please call 0800 132 304* if you would like to receive this information in an alternative format such as large print, audio or Braille.

The Co-operative Bank p.l.c. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (No.121885). The Co-operative Bank, Platform, smile and Britannia are trading names of The Co-operative Bank p.l.c., P.O. Box 101, 1 Balloon Street, Manchester M60 4EP. Registered in England and Wales No.990937. Credit facilities are provided by The Co-operative Bank p.l.c. and are subject to status and our lending policy. The Bank reserves the right to decline any application for an account or credit facility. The Co-operative Bank p.l.c. subscribes to the Standards of Lending Practice which are monitored by the Lending Standards Board.

*Lines open 8am - 6pm Monday to Friday, 9am - 12 midday Saturday. Calls to 0800 and 0808 numbers are free from landlines and mobiles. Calls may be monitored or recorded for security and training purposes. Information correct as 03/2023.