

Instructions

- Please ensure that all details are completed in full and tick boxes where applicable.
- Boxes marked with an asterisk (*) must be completed.
- Failure to complete these boxes will result in the application form being returned.
- Proof of identity is required for all applicants before we can open/adjust an account; unless already a member of the Society

Documentation Required

The Lasting Power of Attorney must be a Property and Financial Affairs Power of Attorney (as we do not allow Health and Wellbeing Power of Attorney documents to be registered on savings accounts). We can accept this in both paper and electronic form.

LPA Access Code

Original Power of Attorney document (or a copy certified on every page by a solicitor or other legal professional, using their company stamp and showing the name of the person certifying the document).

Donor's details - Person giving authority to another to act on their behalf

*Title (Mr/Mrs/Miss/Ms/other)
*First name(s)
*Surname
*Address
*Town
*County
*Postcode
*Date of birth
*Country of Birth
*NI Number
*Occupation
Marital status
*Tel (home)
Tel (mobile)
Email
*Nationality
*Country of residence



Donor's existing accounts		
Please provide all account numbers for where the Power of the Power		
Donor's capacity		
Donor's capacity – Please advise a reason why an Attorney is required to operate this account:		
Attorney's details		
FIRST ATTORNEY *Title (Mr/Mrs/Miss/Ms/other)	*Title (Mr/Mrs/Miss/Ms/other)	
*First name(s)	*First name(s)	
*Surname	*Surname	
*Address	*Address	
*Town	*Town	
*County	*County	
*Postcode	*Postcode	
*Date of birth	*Date of birth	
*Country of Birth	*Country of Birth	
*NI Number	*NI Number	
*Occupation	*Occupation	
Marital status	Marital status	
*Tel (home)	*Tel (home)	
Tel (mobile)	Tel (mobile)	
Email	Email	
*Nationality	*Nationality	
*Country of residence	*Country of residence	
Are you a solicitor/qualified person acting in a professional capacity? Yes □ No □ If Yes , please provide full details on a separate sheet	Are you a solicitor/qualified person acting in a professional capacity? Yes □ No □ If Yes , please provide full details on a separate sheet	
If No , please specify your relationship to the Donor?	If No , please specify your relationship to the Donor?	



Are you an existing Society member? (Please provide yo	ur account number below)		
First Attorney	Second Attorney		
Financial Services Compensation Scheme (FSCS)			
Your eligible deposits with Stafford Railway Building Society are protected by the Financial Services Compensation Scheme, the UK's deposit protection scheme. Any deposits you hold above the current limit are not covered. Please tick the box below to confirm you have received the FSCS leaflet within your pack. First Attorney Second Attorney			
Tax Residency Self Certification (FATCA/CRS)			
First Attorney	Second Attorney		
1. Are you a citizen and tax resident of the UK only?	1. Are you a citizen and tax resident of the UK only?		
Yes □ No □ If NO, please complete the supporting FATCA declaration leaflet	Yes □ No □ If NO, please complete the supporting FATCA declaration leaflet		
Important – Use of Your Information			

Data Protection Legislation and the General Data Protection Regulation (EU)

Any information you provide, including information, you give us in the future, may be held on record by the Society. The record may be held as a computer record. The Society may use this information for purposes of customer administration, research, and statistical analysis, and for fraud prevention for the benefit of the Society and its customers. This information will be held during the life of the account and may be kept for six years after the account is closed. Under current Data Protection legislation, you have the right to ask us to send you a copy of your records and the right to change any of your information that is incorrect. You also have the right of access to your personal records held by credit and fraud agencies. Details of your data protection rights are contained within the Society's Privacy Policy which has been explained and issued to you as part of this application.

Fraud Prevention Agencies

To prevent or detect fraud, or to assist in verifying your identity, we may make searches of records held by fraud prevention agencies who will supply us with information. We also pass information to government departments and to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft or fraud. If you give us false or inaccurate information and we suspect fraud, we will record this. We, and other companies, may use this information if decisions are made about you or others at your address on credit or credit related services. It may also be used for tracing and claims assessment.

Proof of identity searches

In order to comply with money laundering regulations and to protect our customers from fraud, we are required by law to confirm the identity and address of every applicant and beneficiary. We are able to access credit reference agency databases, including information from the Electoral Register, to check that the details you have supplied us with are correct. This will show, as a search of the database but not as a credit score, so will not affect your credit rating. In the majority of cases, this will enable us to open your account in addition to any paper-based identification. We will advise you, if we require further proof of identification, these requirements will depend upon how and where you are opening your account.

Use of your personal information

The Society would like to be able to contact you by telephone (including mobile), post, or email using the contact details which you provide in this form. You can choose whether to be contacted for marketing purposes by indicating your preferences by ticking the relevant boxes in the declaration section of this form. You can change or cancel your choices at any time by contacting us at the Stafford Railway Building Society, 4 Market Square, Stafford, ST16 2JH.



Charitable Assignment Scheme

IF YOU HAD A SHARE ACCOUNT WITH THE SOCIETY ON 31st JULY 2000 AND HAVE HELD A SHARE ACCOUNT WITH THE SOCIETY EVER SINCE THAT DATE, OR IF YOU HAVE A MORTGAGE WITH THE SOCIETY AT TODAY'S DATE THE WORDING IN PARAGRAPHS 1 AND 2 BELOW DOES NOT APPLY TO YOU. HOWEVER IT MUST NOT BE DELETED.

By applying to open a share account on or after 1st August 2000 I/We agree with the Society and the Charities Aid Foundation ("the CAF") that I/We will assign to the CAF (or to any charity(ies) nominated by it or by the Society under the provisions of a deed dated 31st July 2000 between the Society and the CAF, in which case references to the CAF 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/us if I/We 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 CAF any such benefits without further notice to me/us. I/We understand that neither the Society nor the CAF will release me/us from this agreement or vary its terms and I/We 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 or otherwise) 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.

2a) "Relevant conversion benefits" means any benefits to which I/We 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 (ie on a conversion or takeover) which is completed at any time within the ten years immediately following the date on which my/our 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.

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 (which list may change from time to time but not with retrospective effect) is available on request from the Society's Secretary.

Agreement and Declaration

We intend to rely on the Specific Terms for this account and the Savings Terms and Conditions (savings T&Cs), which together will form our agreement with you. Our current savings T&Cs are available online at www.srbs.co.uk and are also provided within your account opening pack. Before signing your agreement, for your own benefit and protection you should read the Specific Terms and Conditions for this account, the savings T&Cs and the declarations below. If you do not understand any point please ask for further information.

Your declaration - In signing this application form, you confirm the following declaration:

- AS POWER(S) OF ATTORNEY FOR THE PERSON(S) NAMED AT THE TOP OF THE APPLICATION FORM,
 I/WE HEREBY REQUEST YOU TO ADD MY/OUR NAME(S) TO THE ACCOUNT(S) LISTED AT THE TOP OF
 THE APPLICATION FORM.
- I/WE UNDERSTAND THAT I/WE WILL NOT BE ABLE TO OPERATE THE ACCOUNT UNTIL THE SOCIETY
 HAS SATISFACTORILY COMPLETED ALL ENQUIRIES REGARDING THE POWER OF ATTORNEY
 DOCUMENT AND MY/OUR ADDRESS AND IDENTIFICATION DETAILS
- I UNDERSTAND AND AGREE THAT THE SOCIETY MAY MAKE AN ENQUIRY OR QUESTION ANY
 WITHDRAWAL FROM THIS ACCOUNT MADE BY ME/US THAT APPEARS TO BE IN CONTRADICTION OF
 THE ACCOUNT HOLDER'S BEST INTERESTS AS DESCRIBED IN THE CODE OF PRACTICE (MENTAL
 CAPACITY ACT 2005).



- I/We declare that the information I/we have given on this form is true to the best of our knowledge and belief and undertake to inform the Society of any changes in my/our circumstances.
- I/We agree to be bound by the Rules of the Society, the Society's Terms and Conditions for Savings Accounts and any specific conditions applicable to this account (a copy of which I/we have received).
- To be bound by the rules of the Society and the Charitable Assignment Scheme described above in the application form and in our savings T&C's.
- I/We agree to the section called "Important Use Of Your Information" including the Privacy Policy and agree to the Society using my/our information in the manner specified.

Please tick the box below to confirm you have received t Attorney 1 □	the Society's Privacy Notice within your pack. Attorney 2 □
I confirm that the Society can contact me by telephone for Attorney 1 \square I confirm that the Society can contact me by Attorney 1 \square I confirm that the Society can contact me by email for matter Attorney 1 \square	Attorney 2 □
I do not want the Society to contact me for marketing put the Attorney 1 $\hfill\Box$	urposes. Attorney 2 □
The Society to accept only the following for a	all purposes connected with this account:
Jointly and Severally $\ \square$	Jointly □
/We confirm: • That I/we have read and understood the Financi	ial Services Compensation Scheme information sheet.
Correspondence	
n future all correspondence to be sent to:	
The existing address held on file for this account	
The first attorney's address	
The second attorneys address	
Signed – First Attorney	Signed – Second Attorney
Date	Date