## Post Office Savings application form



All sections marked with a red \* must be completed, any missing information may delay your application.

Please write in BLOCK CAPITAL LETTERS and BLACK ink inside boxes.

Please print this form, complete and return all 4 pages of this document by post to: Post Office Money Savings, PO Box 87, Armagh, BT61 0BN

This form cannot be used in a Post Office Branch. If you wish to apply in a Post Office branch or pay your initial deposit by cash, then please complete the application form available in branch instead. Please do not send cash in the post.

Which product are you applying for?				
Instant Saver	Growth Bond 1 year 2 year 3 year			
If this application is for someone under the age of 16 we require an adult repre	esentative to authorise the application.			
A. First applicant or child (aged 11-15)	Second applicant, adult representative or attorney for account holder			
	If both applicants share the same address details please tick here			
	If applying as attorney for the first applicant please tick here			
	If applying for a child aged 11-15 and you are the child's adult representative please tick here			
Title* Date of birth* Gender*	Title* Date of birth* Gender*			
D D M M Y Y Male/Female M/F	D D M M Y Y Male/Female M/F			
First name*	First name*			
Middle name	Middle name			
Surname*	Surname*			
Suridine	Surraine			
House/flat number and/or house name*	House/flat number and/or house name*			
Street*	Street*			
Town and county*	Town and county*			
Postcode*	Postcode*			
Contact details*  We may use these details to update you on the progress of your application, to remind you of your maturity date or a rate change; or to enable additional security features.				
Email address* (max 55 characters)	Email address* (max 55 characters)			
(if 16 and over)	(adult representative must provide their email address, where applicant 1 is 11-15)			
Primary phone number*	Primary phone number*			
Mother's maiden name*	Mother's maiden name*			
What is your employment status?*	What is your employment status?*			
Employed Self-employed Unemployed	Employed Self-employed Unemployed			
Retired Homemaker Student	Retired Homemaker Student			
Minor	Minor			

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Occupation and employer's industry?*  (only complete if Employed or Self-employed)			Occupation and employer's industry?*  (only complete if Employed or Self-employed)
Your country of birth*			Your country of birth*
Country of nationality*			Country of nationality*
How long have you been a UK resident?	)*		How long have you been a UK resident?*
Less than 2 years Between 2-3			Less than 2 years Between 2-3 years 3 years or more
,	,		
			rill need to provide documents, including proof of your identity,
with your application. Fo	r a list of acceptable document	s, please	phone <b>0800 1697500</b> or see the FAQ sections before applying.
B. Important information abo	out you		
Which of the following do you currer (Select all that apply)	itly have or receive?*		1. Which of the following do you currently have or receive?* (Select all that apply)
A. Existing savings/lump sum			A. Existing savings/lump sum
B. Salary/bonuses			B. Salary/bonuses
C. Pension income/lump sum			C. Pension income/lump sum
D. Investment income/lump sum			D. Investment income/lump sum
E. Rental income/money from property	v sale		E. Rental income/money from property sale
F. An inheritance/money from family/k	nown person		F. An inheritance/money from family/known person
G. State benefits			G. State benefits
H. Gift (please specify source below)			H. Gift (please specify source below)
2. From the answers you gave in Quest	ion 1 above, which of		2. From the answers you gave in Question 1 above, which of
these will be the main source of deposits you make to your			these will be the main source of deposits you make to your
new account?*  (write in the letter from the answer given)			new account?* (write in the letter from the answer given)
3. Do you receive income from outside of the UK, EU, EEA, Y/N USA, Canada, Australia or New Zealand?*		N	3. Do you receive income from outside of the UK, EU, EEA, USA, Canada, Australia or New Zealand?*
If Yes, which Country/Countries do you receive income from?			If Yes, which Country/Countries do you receive income from?
(write in all that apply)			(write in all that apply)
4. What is your savings goal?* (please tic			
Retirement	A rainy day		A special occasion (e.g. a birthday/Christmas)
Education	House		For a big purchase (e.g. car, TV, etc.)
For my children/family	Other (please spec	ify)	
First applicant or child (aged 11-15)			Second applicant, adult representative or attorney for account holder
5. Are you a US citizen?*	Yes	No	5. Are you a US citizen?* Yes No
<b>6.</b> Are you resident for tax purposes in a territory other than the United Kingdom	· · · · · · · · · · · · · · · · · · ·	No	6. Are you resident for tax purposes in any country or territory other than the United Kingdom?*  Yes
If you have ticked 'Yes' to either of the last 2 questions, please provide the following – without these you will not be able to open account.		the	If you have ticked 'Yes' to either of the last 2 questions, please provide the following – without these you will not be able to open account.
Country	Tax Identification Number (if you do not enter a TIN, we will wr you asking for this information befores a accept your application)		Country  Tax Identification Number  (if you do not enter a TIN, we will write to you asking for this information before we
1.	can accept your application)		can accept your application)  1.
2.			2.
3.			3.

C. Your new Post Office Saving product (Refer to 'Transaction I	nformation Box' on page 30 of the Key Information Pack for further information.)			
Amount of deposit*  Instant Saver Min. £100, max. £1m (cash max. £200) Growth Bond Min. £500, max. £1m (cash not accepted)				
Method of payment* (select one method only and complete the account no. a	and sort code/account name fields)			
Account no.	Sort code			
Personal cheque  NOT a business cheque  Account no.	Account name			
Post Office Savings account transfer (see FAQs)	Account frame			
Cash Instant Saver only  To pay initial deposit by cash, please complete a branch application form <b>instead</b> . Please <b>do not</b> send cash in the post.				
D. Linked Account*				
Please give us the bank or building society account you would like to add as y Without a linked account we won't be able to open the Savings account you'r				
Name on account	What will we use this linked account for?			
	Growth Bond – for interest payments			
	If you have chosen a <b>2 or 3</b> year bond, you <b>must</b> either:			
	Tick here to have your interest added to your bond annually;			
Sort code	or  Tick here if you'd prefer your interest to be paid annually			
	to your linked account.			
Bank account number	Instant Saver – electronic transactions			
Bank name	All electronic transactions must be made from/to your linked account.			
Building Society Roll Number (if applicable)				
E. Declaration and your signature(s)				
♥ Your data: Full details about how your information will be used by Post Office Limited (Post Office) and Bank of Ireland (UK) pic (Bank of Ireland) can be found in the Post Office Privacy Policy and Bank of Ireland Privacy Notice which explain, for example:  **The types of personal information is used  **You your personal information is used  **You your personal information is used  **You personal information in information information in information in information in information in information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found in the Bank of Ireland (UK) ple Privacy Notice Interval information will be used by us and these fraud prevention agencies, and your data protection rights, can be found in the Bank of Ireland information in information in products and services that are available to you from across Post Office imited and its subsidiaries. Our partnership, for example, offers of new rates or additional credit where relevant.  Our Privacy Policies inform you about how we use your personal details for marketing and what to do if you change your mind. Please read our Privacy Policies which can be found at postoffice				
First applicant, minor, or adult representative (if minor unable to sign)	Second applicant, adult representative or attorney for account holder			
Signature*	Signature*			
Signature	orginature -			

Date\* D D M M Y Y Y Y

Date\* D D M M Y

## Please print this form, complete and return by post with your cheque (if applicable) to:

Post Office Money Savings PO Box 87 Armagh BT61 0BN

If you wish to apply in a Post Office branch, please complete the application form available in branch.

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