

Your application to add a new customer to a

# Sole/Joint savings account



Please write clearly in the white spaces with capital letters or tick the boxes.

Please complete all sections of this form.

What will you be using the account for?

  
  

## For Halifax use only

Date opened

Colleague file number

TNT Code

Sort code

Account number

## 1. Existing customer details

Your title Mr Mrs Miss Ms Other (please specify)

    

Your last name

Your first names

Any other name you use/have used (if applicable)

Your date of birth

Are you:

Male

Female

Are you:

Employed

Self employed

Unemployed

Part time

Retired

Not working

Seeking work

Student

Other (please explain)

Your telephone numbers and area dialling codes

Home

Mobile

Work

Your home address (where you live)

Post town

County

Postcode

When did you start living at this address?

Month

Year

Your signature

Date

## 2. Your personal details

First new customer

Are you an existing Halifax customer?

Yes

No

Your title Mr Mrs Miss Ms Other (please specify)

    

Your last name

Your first names

Any other name you use/have used (if applicable)

Second new customer

Are you an existing Halifax customer?

Yes

No

Your title Mr Mrs Miss Ms Other (please specify)

    

Your last name

Your first names

Any other name you use/have used (if applicable)

## 2. Your personal details

### First new customer

Your date of birth

Are you:

Male

Female

Are you:

Employed

Self

employed

Unemployed

Part time

Retired

Not  
working

Seeking  
work

Student

Other (please explain)

Your nationality

Your country of residence

### Second new customer

Your date of birth

Are you:

Male

Female

Are you:

Employed

Self

employed

Unemployed

Part time

Retired

Not  
working

Seeking  
work

Student

Other (please explain)

Your nationality

Your country of residence

## 2.1. Your contact details

Your telephone numbers and area dialling codes

Home
Mobile
Work

Your telephone numbers and area dialling codes

Home
Mobile
Work

## 2.2. Your residential details

Your home address (where you live)

Post town	
County	Postcode

When did you start living at this address?

Month

Year

Your home address (where you live)

Post town	
County	Postcode

When did you start living at this address?

Month

Year

**For Halifax use only** – Sanctions/NCCT.

Sanctions ref. no (if applicable)

Sanctions ref. no (if applicable)

### 3. Your agreement with us

#### Savings accounts and other services

Our agreement with you is made up of general conditions contained in the Halifax General Savings conditions and product specific special conditions. If there is any overlap or conflict between the special conditions and the Halifax General Savings conditions, the special conditions apply.

#### Joint accounts

If you add another person to your account, that person may have access to all of your online and transactional history for that product.

#### My personal data and Lloyds Banking Group

The Lloyds Banking Group includes us and a number of other companies using brands including Lloyds TSB, Halifax and Bank of Scotland, and their associated companies. More information on the Lloyds Banking Group can be found at [www.lloydsbankinggroup.com](http://www.lloydsbankinggroup.com).

We need to perform searches to decide whether to accept your application, including checks to confirm your identity. We make these checks, including electoral register checks, through European credit reference agencies ("CRAs") and fraud prevention agencies ("FPAs"). The CRA will record the searches, even if an application does not go ahead or is unsuccessful. This may affect your ability to borrow from other lenders within a short period. Lloyds Banking Group companies may also tell CRAs how you run your relationship with them (such as whether or not you pay anything you owe on time), which may also affect your ability to borrow from other lenders.

If the information you provide is false or inaccurate, or we suspect fraud, we may provide details to FPAs and other relevant organisations. Law enforcement agencies may access and use this information.

You will be financially linked by CRAs to any other names you use or have used, and any joint applicants. This means joint applicants' financial affairs may be treated as affecting each other, and will be revealed whenever CRAs are searched, until one of you successfully files a 'disassociation' with the CRAs.

If you ask, we will tell you which CRAs and FPAs we (and other Lloyds Banking Group companies) have used so you can get a copy of your details from them. You are legally entitled, on payment of a fee, to see any information held about you by any credit reference agency.

Halifax is part of the Lloyds Banking Group. The Lloyds Banking Group includes us and a number of other companies using brands including Lloyds TSB, Halifax and their associated companies. To see how we use your information, please read the privacy statement on our website ([www.halifax.co.uk/privacy](http://www.halifax.co.uk/privacy)) or ask for a printed copy of this.

We may search credit reference and fraud prevention agencies to check your identity and help us make decisions. The agency keeps a record of our search, whether or not your application proceeds. Our search is not seen or used by lenders to access your ability to obtain credit.

#### Marketing permissions

Your data is safe with us – we do not share your data for marketing outside the Lloyds Banking Group.

We would like to tell you about offers, products and services that may be of specific interest to you. If you choose "no" for all of these options, we will not be able to send you this information.

Please confirm how we may contact you (if more than one applicant, please use separate sections indicated):

#### First customer

	Yes	No		Yes	No
Please write to me	<input type="checkbox"/>	<input type="checkbox"/>	Please e-mail me	<input type="checkbox"/>	<input type="checkbox"/>
Please phone me	<input type="checkbox"/>	<input type="checkbox"/>	Please text me	<input type="checkbox"/>	<input type="checkbox"/>

#### Second customer

	Yes	No		Yes	No
Please write to me	<input type="checkbox"/>	<input type="checkbox"/>	Please e-mail me	<input type="checkbox"/>	<input type="checkbox"/>
Please phone me	<input type="checkbox"/>	<input type="checkbox"/>	Please text me	<input type="checkbox"/>	<input type="checkbox"/>

#### I confirm that I have received the following documentation:

Halifax Savings Account Conditions and Information brochure	<input type="checkbox"/>	Interest rates and charges leaflet	<input type="checkbox"/>
Advised and provided with Interest Rates Applicable to this Account	<input type="checkbox"/>		

#### First customer's signature

<input type="text"/>
Date

#### Second customer's signature

<input type="text"/>
Date

#### For Halifax use only

Credit reference/Bureau search result

\*Prompt – screen print voters roll

## 4. Additional personal and employment details

Please complete all sections of this form.

Are you working?

Yes

No

Your occupation

Your employer's name

Your employer's address

Post town

County	Postcode (if known)
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How long have you worked for your current employer?

Years

Months

How long did you work for your previous employer?

Years

Months

Your relationship to existing customer

Are you working?

Yes

No

Your occupation

Your employer's name

Your employer's address

Post town

County	Postcode (if known)
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How long have you worked for your current employer?

Years

Months

How long did you work for your previous employer?

Years

Months

Your relationship to existing customer

## For Halifax use only

### Confirmation of customer's identity

Please note that the Retail Procedures on Interchange – Identification of Customers should be referred to and copies of ID should be taken, dated and signed as true copies of the original.

#### First customer

Does customer meet Single ID requirements?

Yes  No

**Proof of identity** (tick one box only):

Standard  Secondary  Third party  PHD Ref.

What document has been seen?

What is the reference number? Expiry date e.g. passport (available)

Correctly certified copy of documents attached

**If required – Proof of address** (cross one box only):

Standard  Secondary  Third party  PHD Ref.

What document has been seen?

What is the reference number? Expiry date e.g. passport (available)

Correctly certified copy of documents attached

#### Second customer

Does customer meet Single ID requirements?

Yes  No

**Proof of identity** (tick one box only):

Standard  Secondary  Third party  PHD Ref.

What document has been seen?

What is the reference number? Expiry date e.g. passport (available)

Correctly certified copy of documents attached

**If required – Proof of address** (cross one box only):

Standard  Secondary  Third party  PHD Ref.

What document has been seen?

What is the reference number? Expiry date e.g. passport (available)

Correctly certified copy of documents attached

### Account maintenance

Please note, no credits can be accepted until all necessary ID requirements have been met. Until ID has been completed a 646 indicator should be inserted.

Indicator 646 inserted (if applicable)  Disclosure (no marketing) indicator 040 inserted (if applicable)  Staff indicator 041 inserted (if applicable)

Follow up to be **completed** by account manager.

Planned Overdraft limit loaded and facility letter sent (if applicable)

Tax status amended (if applicable)  Strict flag (LOA) loaded (if applicable)

### For completion by the initial interview – 2 stage interviews only

Meeting booked with

Date

If decline result telephone call made to advise

Time

Stage One "What happens next" card given

Decline letter sent

If accept result note diarised to call 24 hours before the appointment

### Staff member's details

By signing this section, both staff members are confirming that the evidence attached meets the Banks identification requirements.

Name of colleague completing this form

Checker's name (or Band C equivalent)

Colleague's signature

Checker's signature

Date

Date



**IMPORTANT INFORMATION – PLEASE READ CAREFULLY**

On completion, the Specimen signature slip below must be detached and sent to the SMD Unit daily in the pre-printed SMD Personal envelope.

Please ensure all sections are fully completed using black ink.

Please do not mark or write on the front of the specimen signature slip except in the designated boxes.

Please remove the Specimen signature slip and send to SMD before sending the form to AQCU.

**Specimen signatures**

Branch sort code

--	--	--	--	--	--	--	--

Date completed

--	--	--	--	--	--	--	--	--	--

Account number(s)

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Signing instructions:

Either party to sign

Other – see attached

First customer's name

Second customer's name

**First customer's signature**

**Second customer's signature**

