

For HO Use – Cust No.

--



SIPP Deposit Client Account Application Form

It is important that you read the SIPP Deposit Important Information before completing this form. Before completing this application form, you must first have received confirmation that your Organisation has in place a SIPP Deposit Relationship. This form must be completed by your Organisation's minimum number of Authorised Signatories.

Once completed, please return this form together with a deposit for your investment (where the deposit for your investment is made by way of cheque) to Customer Services Department, Leeds Building Society, 105 Albion Street, Leeds LS1 5AS.

1. Organisation Details

Name of Organisation:	
Address of Organisation:	Postcode:
Telephone Number:	Email:

2. Client Account Details

Title:	Surname:
Forename (s) in full	

We enclose a cheque for

£

to be invested in:

PRODUCT NAME

Alternatively, a deposit for your investment can be made by way of BACS, CHAPS or Faster Payment once you have received confirmation that the Client Account has been opened.

For Head Office use only.

3. Declarations:

I, as an Authorised Signatory:

- request that the Client Account detailed above be opened in the name set out above and that the Client Account will be administered according to the SIPP Deposit Relationship Application Form.
- agree to be bound by the SIPP Deposit Terms and Conditions, the Product Terms and Conditions and the Society's Rules.
- confirm that I have received a copy of the SIPP Deposit Terms and Conditions and the Product Terms and Conditions.
- declare that this application form has been completed to the best of my knowledge and belief.
- confirm that I have full authority, in accordance with the Organisation's constitution, to operate the SIPP Deposit Relationship and all Client Accounts on behalf of the Organisation.
- agree to notify the Society in accordance with the SIPP Deposit Terms and Conditions of any change to the SIPP Deposit Relationship and/or Client Accounts.
- confirm that the Organisation will have sufficiently verified the identity of all its Clients for whom it opens a Client Account in accordance with all applicable statutes, legislation, regulations, codes of conduct and proactive requirements including but not limited to the Money Laundering Regulations 2007, the EU Third Money Laundering Directive and the Joint Money Laundering Steering Group Guidance.
- agree that the Organisation will if requested by the Society provide full details of the identity of the Client(s) for all/any Client Accounts.

4. Authorised Signatories

To be completed by your minimum number of Authorised Signatories. By signing below, you are agreeing to abide by the Declarations set out above.

Signature 1

Title	Surname
Forename(s) in full	
Signature	
Date:	

Signature 2

Title	Surname
Forename(s) in full	
Signature	
Date:	

Additional signatories overleaf

Signature 3

Title	Surname
Forename(s) in full	
Signature	
Date:	

Signature 4

Title	Surname
Forename(s) in full	
Signature	
Date:	

Signature 5

Title	Surname
Forename(s) in full	
Signature	
Date:	

Signature 6

Title	Surname
Forename(s) in full	
Signature	
Date:	

Signature 7

Title	Surname
Forename(s) in full	
Signature	
Date:	

Signature 8

Title	Surname
Forename(s) in full	
Signature	
Date:	

Signature 9

Title	Surname
Forename(s) in full	
Date of birth	
Signature	
Date:	

Signature 10

Title	Surname
Forename(s) in full	
Date of birth	
Signature	
Date:	