



GUERNSEY COMMUNITY SAVINGS LBG

New Customer Application Form

1	Full Name	First Name: Middle Name(s): Surname:
2	Residential Address	
3	Post Code	
4	Email (if available)	
5	Mobile Phone (if available)	
6	Date and Place of Birth	
7	Nationality	
8	Occupation (including name of employer if applicable). If self-employed provide details	
9	State brief details of expected activity over the account	
10	Do you have an account(s) at any Bank? If so provide details	
11	Provide name of referring agency (eg Social Security)	

I hereby apply to open an account with Guernsey Community Savings LBG ("GCS") for the purposes of accessing basic banking and debit card services. I undertake to abide by any terms and conditions GCS may impose on the operation of the account at any time, as per discussions to be held with a GCS Customer Service Officer at the time of opening the account and at any time thereafter.

I confirm that the details provided in this application are correct and complete, and agree to notify GCS as soon as possible, and not later than within seven days, if there are any changes to my personal details noted above.

I understand that Guernsey Community Savings LBG is registered under the Guernsey Charities Law, and as such is subject to all controls required to prevent customer accounts being used for money laundering, terrorism financing and all forms of criminal activity.

As part of these controls, I agree to provide GCS with relevant documents required to verify my identity (such as a passport, photo driving licence, etc) and my residential address (for instance, a utility bill showing my address), and to advise GCS promptly if any of my details change at any time. I understand and accept that the referring agency noted in item 11 above may be requested to provide further background information or documents to enable GCS to assess my eligibility for this account.

Note: full details of requirements will be discussed with the GCS Customer Service Officer when the account opening is being considered.

I hereby give my consent to GCS holding my personal data for the sole purpose of operating this and any other accounts I may open from time to time. I understand and acknowledge that GCS will hold my personal data securely and in accordance with all of the provisions of the Data Protection (Bailiwick of Guernsey) Law, 2017 as amended from time to time.

I give my agreement to GCS discussing my application with the referring agency noted above if required specifically for the purposes of assessing my eligibility for an account and where appropriate the ongoing account maintenance.

Signature _____

Full Name _____

Date _____

Note: Full details of the Privacy and Data Protection Policy of Guernsey Community Savings can be found on our website www.gcs.gg or upon request to your Customer Service Officer