

Gold account and deferred-debit cards declaration form



INTERNATIONAL

How to fill in this form

Please complete this application form in BLOCK CAPITALS, ticking boxes as appropriate and return with your application form to: Abbey International, PO Box 545, Jersey JE4 8XG, Channel Islands. You need to carefully read and complete this form. If you don't, there will be a delay in opening your account and receiving your card(s). If you need help with this form, call our Personal Banking Team on +44 (0)1534 885 000 or our Premium Banking Team on +44 (0)1534 885 055, 8am to 8pm (UK time), Monday to Friday.

Gold account and deferred-debit card required

Please refer to our current interest rates for minimum opening amounts at www.abbeyinternational.com Interest will be paid quarterly.

- If you wish to choose a different card on your existing Gold account(s), please enter 'X' in the box for the card type(s) you require.
- If you would like to open another Gold account, please indicate which currency and card type you would like by inputting your initial deposit in the relevant box below.

Customer Reference Number

First applicant

First name

Surname

Card type: Gold Platinum Visa Infinite
 Currency of Gold account: £ sterling .00
 € euro .00
 US\$ dollars .00

Second applicant

First name

Surname

Card type: Gold Platinum Visa Infinite
 Currency of Gold account: £ sterling .00
 € euro .00
 US\$ dollars .00

If you would like a cheque book, please tick this box. **Please note:** Cheque books are only available for sterling Gold accounts.

Deferred-debit card

How would you like your name(s) to appear on your deferred-debit card(s)? eg, Mrs J Smith or Jane Smith. **Please note:** If you already have a Gold account with a card, your name will appear as you have previously instructed.

First applicant

Permanent residential address will be used for insurance purposes ('Care of' address(es) cannot be accepted)

Postcode/Zip Code
 Country

How long have you lived here? Y Y M M

If less than three years, please provide us your previous address(es) overleaf.

Correspondence address if different from residential address

Postcode/Zip Code
 Country

Second applicant (if applicable)

Permanent residential address will be used for insurance purposes ('Care of' address(es) cannot be accepted)

Postcode/Zip Code
 Country

How long have you lived here? Y Y M M

If less than three years, please provide us your previous address(es) overleaf.

Correspondence address if different from residential address

Postcode/Zip Code
 Country

I/We have received, read, understood and agree to the Terms and Conditions and charges indicated on the Charges leaflet, which will apply to the running of my/our account and deferred-debit card. I/We understand that you will provide essential information about my/our account and cards to third parties to run my/our account and associated deferred-debit card benefits. I/We understand the permanent residential address stated by the first applicant, will be used to determine the country of residence for insurance purposes.

Each applicant must sign below. **Please note:** the signature(s) supplied will be used to operate your account.

First applicant

Print name

Date D D M M Y Y Y Y

Second applicant (if applicable)

Print name

Date D D M M Y Y Y Y

