

KBC Bank Ireland plc

Personal Deposit Application Form





Bank

Simple Steps to help you complete this application form

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Please read all literature carefully; then complete all sections in this application

Like all Financial Institutions, we need some more information about you

- A) **Proof of Identity** - We will need **ONE** of the following in order to verify your identity.
- (1) A copy of one of either Passport or Driver's Licence accompanied by a personal cheque drawn on a financial institution in the State. A bank draft or third party cheque from a financial institution is not acceptable for identification purposes **OR**
 - (2) A copy of Passport **AND** Driver's Licence **OR**
 - (3) A certified copy of one of either Passport or Driver's Licence by any of the following: Garda, Accountant, Solicitor, or Designated Person.
- B) **Proof of Address** - Two original utility bills, bank statements or Revenue documentation as appropriate (less than 6 months old)
- C) **Verification of Personal Public Service Number (PPSN)** - Any **ONE** of: P60, P45, P21 Balancing Statement, Drug Payment Scheme Card, European Health Insurance Card, Tax Return Form, PAYE Notice of Tax Credits, Child Benefit Award Letter, Pension Book or Social Services Card.

A full list of relevant documents can be found on our web site www.kbc.ie and within your document pack.

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We would like you to know more about us

To Receive Promotional Communications

From time to time, KBC Bank Ireland plc (KBCI) may notify you of promotional offers, competitions and information on further identified products and services. KBC Bank Ireland plc includes both KBC Bank Ireland plc and its subsidiaries. KBCI offers individuals a wide range of credit/loan and insurance related products. The information given on this form may be used to send you marketing material or to electronically communicate with you or to telephone you about products and services available from KBCI and carefully selected third parties.

In order to receive these communications, please tick this box:

If you later decide that you do not want to receive this information you can write to Marketing Department, KBC Bank Ireland plc, Sandwith Street, Dublin 2 or e-mail: marketing@kbc.ie

KBC Bank Ireland plc offers individuals a wide range of investment related products (including both business and personal related products). The information given on this form may be used to send you marketing material or telephone you about these products and service.

If you do not wish to receive this information please tick this box:

If you later decide that you want to receive this information you can write to Marketing Department, KBC Bank Ireland plc, Sandwith Street, Dublin 2 or e-mail: marketing@kbc.ie

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Post this form and all of the documents to KBCI

FREEPOST, PO Box 8666, KBC Bank Ireland plc, Sandwith Street, Dublin 2.

Data Protection Notice

Details, information and personal data collected from you or from Third Parties in respect of your application, will be retained by KBCI and will be stored on computer and used for the purpose of processing your deposit account and administering any resulting service. You consent to the disclosure by KBCI of any information and personal data from you to its agents. You have the right to receive a copy of all personal data held by KBCI following a written request, and to have any inaccuracies in that personal data corrected in accordance with the provisions of Data Protection legislation. KBCI may monitor and record telephone conversations between KBCI and the Customer to assist in improving customer services. In accordance with Anti Money Laundering obligations we may undertake searches as appropriate to assist us to verify your identity.

Personal Deposit Application Form

Call: 1800 51 52 53 • Web: www.kbc.ie • Email: personaldeposits@kbc.ie



Are you an existing customer? Yes No If yes, please state account number: _____

If you are not an existing customer where did you hear about our products? _____

Type of Account (Please tick as appropriate and complete all sections)

Currency	Account Type
EUR <input type="checkbox"/>	Standard Demand Account <input type="checkbox"/>
GBP <input type="checkbox"/>	Standard Fixed Rate Account (no withdrawal facility) 1 Month <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/>
	Fixed Rate Deposit Account (with withdrawal facility) 1 Year <input type="checkbox"/> 14 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 3 Years <input type="checkbox"/>
	<small>The maximum term for Sterling Accounts is 1 Year. Please refer to Over 60 Declaration contained within this Application Form.</small>

Fixed Rate Deposit Account (with withdrawal facility)

Features: One withdrawal of up to 25% of the amount deposited is permitted without penalty. Any subsequent withdrawals prior to the maturity date of the term will result in a breakage charge. Please refer to the Personal Deposit Account Standard Terms & Conditions for more information.

I/we confirm that I/we do not require access to funds in excess of 25% of the deposit amount for the term. I/we understand that if I/we withdraw funds in excess of 25% of the deposit amount during the term, a breakage fee may be payable.

Reason for Opening: General Savings 'Rainy Day' Retirement Competitive Interest Rates Diversify Savings Other

If other please provide us with an explanation:- _____

Personal Details 1st applicant (BLOCK CAPS PLEASE)

Personal Details 2nd applicant (BLOCK CAPS PLEASE)

Title		Title	
First Name		First Name	
Surname		Surname	
Gender		Gender	
Marital Status		Marital Status	
Maiden Name (if applicable)		Maiden Name (if applicable)	
Date of Birth	D D M M Y Y	Date of Birth	D D M M Y Y
Age Next Birthday		Age Next Birthday	
PPS Number		PPS Number	
Occupation		Occupation	
Address		Address	
Home Telephone number		Home Telephone number	
Work Telephone number		Work Telephone number	
Mobile		Mobile	
Email address		Email address	

Please fill in the Security Questions (required for telephone/email account enquires)

1. Mother's maiden name		1. Mother's maiden name	
2. Your Town of Birth		2. Your Town of Birth	
3. Your Favourite Colour		3. Your Favourite Colour	
When available, would you like to have access to KBCI Online Banking? Yes <input type="checkbox"/> No <input type="checkbox"/>		When available, would you like to have access to KBCI Online Banking? Yes <input type="checkbox"/> No <input type="checkbox"/>	

How would you like to make your initial deposit?

Amount: €

Amount: £

By Cheque

(we cannot accept third party personal cheques)

We can accept cheques where the cheque is drawn from a financial institution in the Republic of Ireland (endorsed if necessary). Your cheque should be made payable to KBC Bank Ireland plc and sent to us with this form.
(please do not staple the cheque to this form).

By Electronic Transfer

KBCI will notify you of its designated account for electronic transfer once all necessary checks have taken place.

By Internal Transfer

Transfer from: Amount: _____

Transfer from: Amount: _____

Please advise the source of funds of your deposit:-

(please tick one of the boxes below).

Savings

Inheritance

Sale of Shares

Equity

Other

If other please provide us with an explanation:-

Please provide us with your Bank Account details (strictly first party)

Please provide us with details of your account you wish to nominate for return of funds purposes:

Bank Name:	Bank Sort-Code	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Bank Address:	Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Account name:	<input type="text"/>							
	Payee Reference: KBC Bank Ireland plc	<input type="text"/>							

Please sign below

DECLARATION to KBC Bank Ireland plc

Please confirm the following:

I/we have read and agree to be bound by the terms and conditions of any account opened for me/us.

I/we hereby request KBC Bank Ireland plc (the "Bank") to open and continue a deposit account in My/Our name(s).

Signed: _____

Date: _____

Signed: _____

Date: _____

Over 60 Declaration (This declaration must be completed when applying for an account 1 Year or greater)

I/we have sufficient other funds available in the event of an emergency arising to cover any expenses (such as medical and long-term care) that may occur during the investment term and I/we understand that if I/we withdraw funds in excess of 25% of the deposit amount during the term, a breakage fee may be payable. Yes [] No []

Signed: _____

Date: _____

Signed: _____

Date: _____

WARNING: If this application is for a joint account then any single applicant may make a partial or full withdrawal or change account address details without the consent or knowledge of the other applicant(s). Should you wish to impose limitations on the operation of the account, or you wish account statements to be provided separately please notify us in writing.

The Bank may act on instructions transmitted to it by letter. On any future maturity date your deposit will roll into a Standard Demand Deposit Account which will receive KBC Bank Ireland plc's then prevailing rate for that account, (unless instructions are received on or before the maturity date), until otherwise instructed by you.

For KBCI Internal use only

Comment: