Cybersave Account - Application

Clydesdale Bank

Please tick the box(es) that apply

☐ Over 7 years under 13 (Card not applicable for under 13 years) ☐ 13 or over with card ☐ 13 over without card

Personal Details

Mr/Miss/Ms ☐ Male ☐ Female

Forename(s) Surname

Address

Post code

Date of birth Nationality

Home telephone number

Declaration

I wish to open the account detailed above and authorise you to debit to the account all withdrawals, payments or instructions, signed or otherwise authorised by me, and all transactions effected by the use of such cards as may be issued by you on the account.

I acknowledge receipt of a copy of the Terms and Conditions for the account, and accept that these will apply to the account.

I wish to apply for the **Dual Function Card** (withdraw cash from ATM / make payment to suppliers for goods and services*) and a Personal Identification Number (PIN) for use on my Account ("the Account") maintained with you.

Mother's maiden name

I acknowledge receipt of a copy of the Account Card Terms and Conditions and accept that these will apply to any use of the Card.

Using Personal Information

First applicant

I acknowledge receipt of the leaflet entitled "How we use your personal information". By signing this form I consent to my personal information being used in the manner described in the leaflet.

If you do not want to receive marketing information please tick the relevant box(es) below.

Please do not send me marketing information by mail. ☐

Please do not contact my by phone for marketing purposes. ☐

Please do not send me marketing information by e-mail, SMS text, picture messaging, fax, or by other personal means of contact apart from mail or phone. ☐

Signature of applicant Date

For Bank Use Only

Name of account Customer number

Sort code 8 2 Account number

Proof of identity 1 Proof of identity 2

Card name (if applicable) Customer class