



VICTORIA MUTUAL BUILDING SOCIETY
New Account Application Form – Individuals (UK Residents)

To: The Directors of the Victoria Mutual Building Society

I/We request to be admitted as depositor(s) of the Society.

ACCOUNT INFORMATION		A/C#:	CURRENCY: <input type="checkbox"/> JA <input type="checkbox"/> US <input type="checkbox"/> CDN <input type="checkbox"/> GBP	
DATE OPENED:		PRODUCT TYPE:	INITIAL DEPOSIT:	RECEIPT NO:
LOCATION:		REFERENCE NO:	<input type="checkbox"/> TRANSFER % of interest to A/C#.....	
NO OF APPLICANTS:		SEND MAIL <input type="checkbox"/> Yes <input type="checkbox"/> No		
PURPOSE OF ACCOUNT: <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Savings <input type="checkbox"/> Home Ownership <input type="checkbox"/> Retirement <input type="checkbox"/> Other		SOURCE OF FUNDS: <input type="checkbox"/> Business <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of assets <input type="checkbox"/> Gift <input type="checkbox"/> Loan proceeds <input type="checkbox"/> Tax refund <input type="checkbox"/> Salary/wages <input type="checkbox"/> Other.....		
ACCOUNT MAILING ADDRESS _____ _____ _____		INTEREST DISPOSITION: <input type="checkbox"/> Capitalize <input type="checkbox"/> Pay by Cheque		
		EXPECTED MONTHLY DEPOSITS:		
		EXPECTED MONTHLY WITHDRAWALS:		
MANDATE OF PAYMENT:		MANDATE FOR PLEDGING FUNDS:		
ACCOUNT HOLDER #1:	CIF#:	RELATIONSHIP CODE:		
NAME:		DATE OF BIRTH: DD MM YYYY		
ACCOUNT HOLDER #2:	CIF#:	RELATIONSHIP CODE:		
NAME:		DATE OF BIRTH: DD MM YYYY		
ACCOUNT HOLDER #3:	CIF#:	RELATIONSHIP CODE:		
NAME:		DATE OF BIRTH: DD MM YYYY		
ACCOUNT HOLDER #4:	CIF#:	RELATIONSHIP CODE:		
NAME:		DATE OF BIRTH: DD MM YYYY		

I/We confirm that the information given in this application is true and complete. I/We acknowledge receipt of the Terms and Conditions for this account

I/We agree to be bound by the Terms and Conditions governing the operation of this account and by the Rules of the Society.

I/We also understand that as a depositor, I/We do not have voting rights at Annual General Meetings or Special meetings.

Signature 1:..... Verified by:.....

Signature 2:..... Verified by:.....

Signature 3:..... Verified by:.....

Signature 4:..... Verified by:.....

Processed by:..... Checked by:.....