



Savings Customer Questionnaire

This form can be completed electronically, saved and printed.
 If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes that apply.

To enable us to continue to deliver great service to you, and ensure we comply with our regulatory requirements, it is important that the information we hold about you is accurate and up to date.

So we can maintain our records, please complete and sign this short questionnaire.

Full name: Account Number:

Home Tel. Number: Mobile Tel. Number: Email address:

Please state/confirm the source of your recent deposit(s)

What is the source of your wealth e.g. assets, income, past earnings.

Current Employment Status:

Employed	Self Employed	Other
Permanent <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Temporary <input type="checkbox"/>	Sub-Contractor <input type="checkbox"/>	Home Maker <input type="checkbox"/>
Probationary <input type="checkbox"/>	Partnership <input type="checkbox"/>	Retired <input type="checkbox"/>
	LLP <input type="checkbox"/>	
	Limited Company Director <input type="checkbox"/>	

Employed Only

What is your occupation?

Business/Sector type for employer

How long have you worked for this employer?

What is your annual gross income?

Self Employed Only

Company Trading Name <input type="text"/>	Title in company <input type="text"/>
Nature of Business <input type="text"/>	What is your % shareholding/shares in the business <input type="text"/>
Gross annual share of net profit, if sole trader or partnership. <input type="text"/>	Latest year's salary if limited company <input type="text"/>

Your Personal Information and what we do with it

As a financial institution, we are requested to gather information about our members to satisfy our legal obligations. Our Privacy Policy describes how we collect your information, how we use it and why. To view our current Privacy Policy visit www.chorleybs.co.uk/privacy or contact us.