



Blackburn Vaults Limited T/A The Bank Vault

Phone: 01254 933303 Email: info@thebankvault.co.uk

PRIMARY ACCOUNT HOLDERS

SAFETY DEPOSIT BOX REGISTRATION FORM AND CUSTOMER PROOF OF IDENTITY FORM (PERSONAL)

TO BE COMPLETED IN BLOCK CAPITALS

Proof of identification must be provided under the terms of the Money Laundering Regulations 2007. Each customer should complete a separate form and each provide the originals or certified copies of the items of identifications requested below.

Please ensure that you provide one piece of documentation from Box 1 and one item from Box 2

PERSONAL DETAILS

TITLE _____

FULL NAME _____

CURRENT ADDRESS _____

MOBILE NO. _____

WORK TELEPHONE NO. _____

HOME TELEPHONE NO. _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ NATIONALITY _____

ITEMS OF BASIC PERSONAL IDENTIFICATION WHICH MUST CONTAIN YOUR SIGNATURE AND PHOTOGRAPHY. TICK ITEM(S)

Current valid full Passport No- Expiry Date.....	
(Full if possible) Current Photocard Driving Licence No- Expiry Date.....	
National Identity Card	

ITEMS LINKING YOUR NAME TO YOUR CURRENT ADDRESS. Please tick

- Recent Utility Bill (not more than 3 months old)
- Recent Council Tax Bill
- Recent Mortgage Statement
- Bank/Building Society Statement (not more than 3 months old)
- Entry on the Electoral Role
- Current Driving Licence (not if used in Box 1)

OTHER _____

BOX TYPE AND INSURANCE SELECTION

BOX TYPE	PLEASE TICK
A1	
A2	
B1	
B2	
C	
D	

COMPLIMENTARY INSURANCE UPTO £10,000 (Ten Thousand Pounds)

OTHER _____

IMPORTANT PLEASE READ:

You give consent for some of your basic personal information to be given and processed by: My Security Box to set up deposit box insurance on your behalf. Your information will be protected by ICO (General Data Protection Regulation) and not passed to any third party.

If you are happy with your basic personal information to be given to My Security Box for insurance purposes only and receive 12 Months complementary insurance, please tick the box

I have read and agree to the Terms and Conditions supplied by THE BANK VAULT BLACKBURN .

Signed _____

Dated _____

CHECKLIST

- Have you filled in your full name and current address?
- Have you completed details, ticked and enclosed - one item from Box 1 and one item from Box 2?
- Have you signed and dated the form?
- Where other individuals are to have access to the safe deposit box, have such persons completed this form and supplied their own identification documents?



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ADDITIONAL HOLDERS

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PERSONAL DETAILS

TITLE _____

FULL NAME _____

CURRENT ADDRESS _____

MOBILE NO. _____

WORK TELEPHONE NO. _____

HOME TELEPHONE NO. _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ NATIONALITY _____

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Entry on the Electoral Role

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OTHER _____