## APPLICATION FOR THE RIGHT TO OBTAIN ACCESS

## TO THE REGISTER OF MEMBERS OF A BUILDING SOCIETY

This form is to be completed by a member of a building society who wishes to be given access to the register of members of the building society of which he or she is a member in accordance with paragraph 15 of Schedule 2 to the Building Societies Act 1986 (as amended by and under the Financial Services and Markets Act 2000) and who is qualified under that paragraph to make such an application. Before completing this form you are advised to read the guidance published by the Financial Services Authority. Copies of this form may be downloaded from the FSA's Handbook webpage on Regulatory Guides http://fsahandbook.info/FSA/html/handbook/D44.

On completion this form should be sent to the Financial Services Authority, 25 The North Colonnade, Canary Wharf, London E14 5HS.

1. Name of the society of which you are a qualified member to whose register of members you wish to be given access:

2. Name and address of applicant:

Name Address

Telephone

3. Share account details

Account name (s)

Account number (s)

#### 4. Mortgage account details

Account name (s)

Account number (s)

### NOTE

If the name and/or the address in which you hold either or both of the above accounts are different from the name and address given for the purposes of this application, please specify that in which it/they are held.

Name

Address

5. Please specify the subject on which you wish to communicate with other members of the society and the points you would wish to make in your communication. Please also enclose a draft of your proposed communication.

6. If there is any other information or documents, in addition to your draft communication, you would wish to form part of your application, please specify.

# DECLARATION

7. I declare that I am qualified under the rules of the society named above to make this application.

8. I understand that this application form, and any information or documents enclosed with it, may be sent to the society, which may make representations about it to the FSA.

9. I have read and understand the statutory restrictions which will restrict me from disclosing any information I take from the register if I am given access to it.

10. I enclose payment of £25 in respect of this application. I understand that this fee is not refundable.

Signed .....

Date