

Please complete this form in BLOCK LETTERS

**1 Personal Details of Donor (the adult who gives the premiums)**

Title  Forename(s) in full  Surname

Address to which all communications should be sent

Postcode

Email address

**2a Celebration Bond Details – First Child**

Forename(s) of Child  Surname of Child  Date of Birth of Child  Sex of Child

Amount of premium £  payable  Monthly / Yearly \* for a term of  Years \* Please delete as appropriate

Maximum premium £25, minimum £15 if monthly / Max £270, min £100 if yearly Minimum term 10 years

**2b Celebration Bond Details – Second Child**

Forename(s) of Child  Surname of Child  Date of Birth of Child  Sex of Child

Amount of premium £  payable  Monthly / Yearly \* for a term of  Years \* Please delete as appropriate

Maximum premium £25, minimum £15 if monthly / Max £270, min £100 if yearly Minimum term 10 years

**3 Declaration by the Donor**

I hereby apply to Compass Friendly Society Limited for a Children's Celebration Bond on behalf of the above named child(ren). I confirm that I have read the Plan's Key Features.

I declare that, after having made all necessary enquiries with the child(ren)'s parents / guardian (if applicable) :-

a) the child(ren) is/are in good health and free from any adverse mental or physical conditions,

b) the total amount of premiums currently payable to tax-exempt friendly society policies in each of the child(ren)'s name(s) (including premiums payable under this Application) do not exceed £270 per year or £25 per month.

I understand that this Application and Declaration and any other information provided by me will be treated as having been made by the child(ren) and shall form the basis of the contract between the child(ren) and the Society.

I apply to the Society in my own name to become a Donor Member of the Society until the child(ren) reach age 16.

Please Note: If any part of this Application or Declaration does not apply in any respect, you should sign it and give any relevant information on a separate sheet of paper.

A letter giving additional information is enclosed.  Yes / No \* \* Please delete as appropriate

Donor's signature  Date

Warning – non-disclosure of a material fact (that is, one which an insurer would regard as likely to influence the assessment and acceptance of this Application) may affect the benefits payable. If you are in any doubt as to whether a fact is material you should disclose it.

**4 Data Protection Act**

The information you have provided on this form will be held by the Society to set up and administer the policy for which you are applying. The information may also be used by the Society to keep you informed of other products and services available from the Society, or other associated organisations, which may be of interest to you.

If you do not wish to receive such information, please tick this box.

Compass Friendly Society Limited and Newton Fund Managers Limited are authorised and regulated by the Financial Services Authority

Compass Friendly Society Limited, Old Bank House, 59 High Street, Odiham, Hampshire RG29 1LF  
 Telephone: 01256 701750 Fax: 01256 704134 Email: info@compass-fs.co.uk

Revised 11/03

## Standing Order Instruction

(For use in conjunction with an application for a Compass Savings Plan or Children's Celebration Bond)

Please complete this form in BLOCK LETTERS

To the Manager of	<input type="text"/>	Bank / Building Society
Branch	<input type="text"/>	
Sort Code	<input type="text"/>	
Address of Bank / Building Society	<input type="text"/>	
		Postcode
Please make payments and debit my / our account as follows to :		
Bank :	Barclays Bank PLC, Basingstoke Branch	
Sort Code :	20-05-00	
Account Name :	Compass Friendly Society Limited	
Account Number :	00343013	
Amount in figures	£	<input type="text"/>
Amount in words	<input type="text"/>	
First payment on	<input type="text"/>	day of <input type="text"/> 20
and thereafter at monthly / yearly intervals until revoked by me / us in writing.		
Name of account to be debited	<input type="text"/>	
Account number	<input type="text"/>	
Full name(s) of account holder(s)	<input type="text"/>	
Signature(s)	<input type="text"/>	
Date	<input type="text"/>	

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