

The **co-operative** bank

It's good to be different

Community account

Registered Charities, Community Interest Companies, Co-operatives and Credit Unions

(if your organisation is not classified above you are not eligible to apply for a Community account)


This Community account application form is split out into the following sections:

Important Information

Ethical policy

- Section 1:** Your Details
- Section 2:** About your Organisation
- Section 3:** Banking Requirements
- Section 4:** Part A Personal Details
Part B Shareholders/stakeholders
Part C Account Signatories
- Section 5:** Supporting Documentation
- Section 6:** Declaration

To open a Co-operative Bank Community account, just follow the five easy steps below:

- 1** Complete all relevant sections in the application form and write clearly in CAPITAL LETTERS.
- 2** Ensure all key account parties and account signatories have read the 'Important information' section in the application form and signed this application form as appropriate. All required signatures will be highlighted with the image to the right. 
- 3** Gather all supporting documentation (see Section 5). This information is required by all banks under Financial Conduct Authority regulations to support the prevention of money laundering.
- 4** If you wish to transfer your account from another bank, please complete our switching form which is available from our website: co-operativebank.co.uk/business
- 5** Post everything to us using the address below – no stamp is required. It may be useful if you keep a scanned copy or photocopy of your application before you send it to us.

Please send to:

Business Account Opening
The Co-operative Bank p.l.c.
FREEPOST NWW2331A
P.O. Box 50
Skelmersdale
WN8 6YL

For Bank use only

Application title

Reference number

Need help? Contact a Customer Service Adviser on **03457 213 213**



Credit decisions and also the prevention of fraud and money laundering.

We may use credit reference and fraud prevention agencies to help us make decisions. A short guide to what we do and how both we and credit reference and fraud prevention agencies will use your information is detailed in the section called: **A condensed guide to the use of your personal and business information by ourselves and at credit reference and fraud prevention agencies.** For details of how your data may be used, also read carefully the 'Using Your Personal Information' notice provided with the terms and conditions of your account and the 'Keeping You Informed' section in this application form.

By confirming your agreement to proceed you are accepting that we may each use your information in this way.

A condensed guide to the use of your personal and business information by ourselves and at credit reference and fraud prevention agencies

- 1) When you apply to us to open an account, this organisation will check the following records about you and, where applicable, your business Partners and anyone to whom you are linked financially:
 - a) Our own.
 - b) Personal and, where applicable, business records at credit reference agencies (CRAs). When CRAs receive a search from us they will place a search footprint on your personal credit file and where applicable your business credit file that may be seen by other lenders. They supply both public (including the electoral register) and shared credit and fraud prevention information.
 - c) Those at fraud prevention agencies (FPAs).
 - d) If you're a Director, we will seek confirmation, from credit reference agencies, that the residential address that you provide is the same as that shown on the restricted register of Directors' usual addresses at Companies House.

We will make checks such as assessing this application for credit and verifying identities to prevent and detect crime and money laundering. We may also make periodic searches at CRAs and FPAs to manage your account with us.

- 2) If you are making a joint application or tell us that you have a spouse or financial associate, we will link your records together so you must be sure that you have their agreement to disclose information about them. CRAs also link your records together and these links will remain on your and their files until such time as you or your Partner successfully files for a disassociation with the CRAs to break that link.
- 3) Information on applications will be sent to CRAs and will be recorded by them, including, where applicable, information on your business and its proprietors. The CRAs may create a record of the name and address of your business and its proprietors if there is not one already.
- 4) Where you borrow from us, we will give details of your account(s) and how you manage it/them to CRAs.
- 5) If you borrow and do not repay in full and on time, CRAs will record the outstanding debt. This information may be supplied to other organisations by CRAs and FPAs to perform similar checks and to trace your whereabouts and recover debts that you owe. Records remain on file for six years after they are closed, whether settled by you or defaulted.
- 6) If false or inaccurate information is provided and fraud is identified, details including the names of the company Directors at the time of the fraud will be passed to fraud prevention agencies. You undertake to inform all Directors of this notice.
- 7) Law enforcement agencies may access and use this information.
- 8) We and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:
 - a) Checking details on applications for credit and credit-related or other facilities.
 - b) Managing credit and credit-related accounts or facilities.
 - c) Recovering debt.
 - d) Checking details on proposals and claims for all types of insurance.
 - e) Checking details of job applicants and employees.
- 9) If you have borrowed from us and do not make payments that you owe us, we will trace your whereabouts and recover debts.
- 10) We and other organisations may access and use from other countries, the information recorded by fraud prevention agencies.
- 11) Your data may also be used for other purposes for which you give your specific permission or, in very limited circumstances, when required by law or where permitted under the terms of the Data Protection Act 1998.

How to find out more

You can contact the credit reference agencies currently operating in the UK; the information they hold may not be the same so it is worth contacting them all. They will charge you a small statutory fee.

- **CallCredit**, Consumer Services Team, PO Box 491, Leeds LS3 1WZ or call 0870 060 1414.
- **Equifax** PLC, Credit File Advice Centre, PO Box 3001, Bradford BD1 5US or call 0844 335 0550 or log on to www.myequifax.co.uk
- **Experian**, Consumer Help Service, PO Box 8000, Nottingham NG80 7WF or call 0344 481 8000 or log on to www.experian.co.uk
- If you want to receive details of the relevant fraud prevention agencies please contact us at The Co-operative Bank, Fraud Management, Delf House, Skelmersdale WN8 6YL.

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Our Ethical Policy promises our customers that we will not provide banking services to organisations involved in certain activities. In order to meet these stated obligations and to assist in our assessment, please indicate the position of your organisation(s) (including parent company and subsidiaries) on the following:

	Yes	No
Are you involved in the manufacture or trade of equipment for military or security purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any business arrangements with developing countries including imports and overseas operations?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the manufacture of pharmaceuticals?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the provision of water utility services to developing countries?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in biotechnology or the development of genetically modified organisms?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in nanotechnology or the development of products utilising nanotechnology?	<input type="checkbox"/>	<input type="checkbox"/>
Have you contravened any environmental legislation or regulations in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the extraction, production or distribution of fossil fuels?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the production or distribution of other fuels (e.g. biofuels)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in forestry or the timber trade?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the fishing industry?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a promoter or a client of a tax scheme subject to HMRC notification or have you contravened any tax laws or rules (e.g. been convicted of tax evasion within the last five years)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture (or are you involved in the animal testing of) cosmetics, toiletries or household products or their ingredients?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the experimentation or use of Great Apes for any purpose?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in animal farming?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in blood sports (e.g. fox hunting)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the animal fur trade?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the provision of short-term, small-value personal loans (e.g. payday loans, home collected credit)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever breached any relevant advertising standards codes or marketing codes (e.g. Advertising Standards Agency codes)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'yes' to any of the questions above, please provide details:

Section 1 Your details

Introduction

ALL organisations must complete Section 1: Your Details. This information is used for communication and also to validate your organisation's details.

Any missing information from this application may cause delay in processing.

Key contact

This is the name of the person in your organisation to which all communications and statements for the account(s) will be sent.

Title	Forenames	Middle name
_____	_____	_____
Surname		

Position		

Telephone number	Mobile number	
_____	_____	
Email address		

Organisation details

Organisation name

Trading name (if different)

Account Name (if different to the organisation name) – If we are unable to use this name, we will contact you.

Website Address

Organisation Type and Registration details:

<input type="checkbox"/> Registered Charity	Registration number	_____
<input type="checkbox"/> Community Interest Company	Registration number	_____
<input type="checkbox"/> Co-operative	Co-operatives UK Membership number (if applicable)	_____
<input type="checkbox"/> Credit Union	ABCUL Registration number (if applicable)	_____

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Section 1 Your details

Organisation details (continued)

Registered address of business

Name/Number	Street
Town/City	Postcode
Premises owned or leased: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Other	
If other please specify:	

Trading address / Premises (please complete if different to address provided above)

Name/Number	Street
Town/City	Postcode
Premises owned or leased: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Other	
If other please specify:	

Correspondence address – Carefully consider where statements are sent to as you may be at an increased risk of fraud if they are sent to an official’s personal address rather than a business address.

Name/Number	Street
Town/City	Postcode
If you would like your statements sent to a correspondence address, please explain the reason for this	

If you have an existing bank account for your organisation, please provide the details below:

Full name of account		
Branch sort code	Account number	Time at bank
		years
		months

If you have more than one bank account please provide the details below:

Full name of account		
Branch sort code	Account number	Time at bank
		years
		months

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Introduction

This section is used to learn more about how your organisation operates in order to help us understand it. Please be as specific as possible when answering these questions, as failure to provide information may result in a delay in the application process. **Please note that we may require more information from you once we have received and reviewed this application.**

Nature of business

What does your organisation do and how does it operate? - We would expect your answer to be reflected in your governing document. Please give a full description, *e.g. We are a registered charity whose purpose is to help support sick and injured animals. We raise funds through donations, crowd funding and sponsorship.*

Do you provide any of the following services? Money transmission Money service business
 Cheque cashing Money lending Payday lending

If you have ticked any of the above please provide further details:

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Financial details

Date organisation established

--	--	--	--	--	--	--	--

day month year

Current year end date

--	--	--	--	--	--	--	--

day month year

Annual credit turnover/ expected turnover for the organisation £

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Expected financial growth %

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Annual credit turnover for this account £

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What is the reason for the expected financial growth? *e.g. We will be launching a national fundraising campaign through social media in the next six months.*

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What were the start-up costs in forming the organisation, where did the funds come from and what were they used for? *e.g. The total costs of establishing my charity was £2,000; this was generated from £500 of personal savings and a £1,500 donation from a Trust of property that receives an income. £200 was used to create a website and the rest was used to rent office space and purchase office equipment.*

Have there been any capital injections into your organisation (such as grant funding) since it started? Yes No

Date of capital injection (if applicable)

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day month year

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Financial details (continued)

If yes, please confirm the source and amount, *e.g. Since starting the charity we have received a £2,000 grant from our local authority which was used to purchase marketing material to be used at events.*

How do you intend to meet your expected turnover? Please be specific. If you generate income from multiple sources, please provide a breakdown, *e.g. We receive donations through our website ranging from £500 - £1,000 per month and we also attend events where we collect cash donations of around £200 per month.*

Are there any additional sources of income to fund the account? *e.g. Rent, savings, donations.*

--

By what methods do you expect to receive and make your payments? (Tick all appropriate.)

Cheque Electronic e.g. Faster Payments/CHAPS Foreign payments Cash Debit/credit card

Your customers - If you operate/transact with customers outside the UK, you will need to provide a breakdown of your main customers, the country they're based in and approximate share of turnover per customer: we also need you to provide details if you have any assets or operations outside the UK.

Your suppliers - If you operate/transact with suppliers outside the UK, you will need to provide a breakdown of your main suppliers, the country they're based in and approximate share of turnover per supplier: we also need you to provide details if you have any assets or operations outside the UK.

Tax status

UK tax regulations require the collection of information regarding an account holder's tax residency and citizenship. Therefore, please complete the relevant questions below and provide the information requested. Please note that we may be required to share this information about you with the relevant tax authorities.

If at any time in the future you need to change the information that you have provided, you are required to advise us within 30 days of such a change in circumstances. If you have any questions about how to complete this form, please contact your tax adviser.

Does your organisation generate 50% or more of its income from the sale of goods, provision of services, grants, donations or subscriptions?

Yes No

Was your organisation established or is it resident for tax, outside the UK? Yes No

If yes, please provide details of your tax residences below. If you have more than two countries' information to provide, please photocopy this page.

Country where organisation established/tax residency

Tax Identification Number (TIN)

Accountant's details

(If relevant. By providing your Accountant's details you give the Bank permission to disclose information to them).

Name

Address

Town/City

Postcode

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Section 3 Banking requirements

Reference number

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Introduction

This section is required in order to help provide you with the account(s) you require and set up the security access for the account. If this is a linked account, the pass number you select will be applicable to all accounts held.

Type of account required

Current accounts:

Community Directplus

Deposit accounts:

Business Select Instant Access

Business Select 14-Day

N.B. Community Directplus is designed for customers whose credit turnover does not exceed £1m per annum, who deposit less than £100,000 cash per annum, or who deposit less than 5,000 cheques per annum.

What will the account be used for?

Stationery Requirements

Cheque Book

Paying in Book

Telephone security password (for account opening process)

A telephone security password will be used to enable you or other authorised parties to give instructions or obtain answers to queries over the telephone during the account opening process.

Please choose an appropriate password (maximum eight letters – no numbers) to be used to identify you and your authorised parties to Bank staff:

Password

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Once your account has been opened, you will be able to create a telephone security pass number.

This will enable Authorised Users to perform transactions, give instructions or obtain information about your account(s) over the telephone. To set up your telephone security pass number please contact our Customer Services Team on 03457 213 213.

Section 3 Banking requirements

Post Office® banking (for use once your account is opened)

Will you be using the Post Office® for making cash or cheque deposits or requesting change?

If yes, please tick this box

Cash can be deposited at any Post Office® up to £2,000 per day including a maximum of £250 in coins (combined maximum Notes/Coin of £10,000 per week) without prior arrangement.

If you don't want to use your debit card to pay in cash please tick this box and a Post Office® paying in book will be sent to you

Please complete the section(s) below if you are likely to deposit over £2,000 per day and/or require a change giving facility.

Please note these facilities may take up to three weeks to set up. We will confirm when arrangements are in place.

Name of Post Office®

Street

Town/City

Postcode

Services Required (tick as appropriate):

Please complete the relevant section below in full, missing information will prevent the facilities from being set up.

Deposit facility required Number of deposits per week

Average cash deposit per week £ (This is the combined Notes/Coin value) Of this, the average weekly coin value £

Change giving required

Please provide estimated weekly change requirements.

£5	£ <input type="text"/>	£2	£ <input type="text"/>	£1	£ <input type="text"/>	50p	£ <input type="text"/>	20p	£ <input type="text"/>
10p	£ <input type="text"/>	5p	£ <input type="text"/>	2p	£ <input type="text"/>	1p	£ <input type="text"/>	Total	£ <input type="text"/>

Keeping you informed

We would like to send you information about products and services supplied by ourselves or other carefully selected organisations that we believe would be of interest to you. You can inform us at any time if you do not want to receive marketing information.

Please tick the relevant box(es) only if you **do not** want to be contacted using the following methods:

post phone email SMS

Please tick if you would not like other companies, carefully selected by us, to contact you with details of goods and services offered by them:

Section 4 Part A – Personal details

Reference number

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IF NECESSARY PLEASE PHOTOCOPIY THIS SECTION BEFORE COMPLETING

Introduction - In this section we require the personal details of all individuals who have the authority to make decisions on behalf of the organisation such as Directors and Trustees, regardless of whether or not they will have access to the account. We will also need the personal details of any additional Signatories and Authorised Users, these are individuals who the organisation chooses to give authority to access and operate the account, e.g. office manager, secretary, accountant.

BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE 'IMPORTANT INFORMATION' SECTION OF THE APPLICATION FORM.

Title	Forename (in full)	Middle name																																																												
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Surname	Any other name(s) you have been known as during the last six years																																																													
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Please provide your **address history for the past three years**. If you have lived at the same address for over three years please just provide that address. If you have lived at more than two addresses in the last three years please provide any additional addresses on a separate piece of paper or photocopy the page.

Home name/number	Street																																								
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Time at this address:	<input type="text"/> Years <input type="text"/> Months																																								

Previous address (if moved within last three years)

Home name/number	Street																																								
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Time at this address:	<input type="text"/> Years <input type="text"/> Months																																								

Telephone number	Mobile number																																								
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Individual's shareholding/stakeholding/voting right percentage (the percentage means the proportion of the organisation owned by the individual).

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 %

Are these shares being held by a nominee? Yes No

If yes, please provide full details of actual (beneficial) shareholders (name, address, date of birth, nationalities):

Section 4 Part A – Personal details

Who do you bank with?

Please quote your branch sort code and account number:

Branch sort code

Account number

□□□-□□□-□□□

□□□□□□□□

Do you already hold a Co-operative Bank account (personal and/or business)? If so, please complete your sort code and account number in order for us to keep our records up to date:

Branch sort code

Account number

□□□-□□□-□□□

□□□□□□□□

Your consent

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search, and make other enquiries the Bank believes necessary to confirm the details on this application form and for credit assessment. If false or inaccurate information is provided and fraud is identified, details including the names of the company Directors at the time of the fraud will be passed to fraud prevention agencies to prevent fraud and money laundering. You undertake to inform all Directors of this notice.

It is important that you read and understand the 'Important Information' section in the application form and the 'Using Your Personal Information' notice provided with your terms and conditions.

By signing below you agree that we can use your information in this way.

(Additional information may be requested by the Bank if no/insufficient records are found by searches.)

Please also complete the Account signatories Part C if you wish to be a signatory on the account.

Signature 
□□□□□□□□

Date
□□□□□□

What level of access do you require, please tick one:

Signatory and Authorised User Authorised User Only No access to the account required

Authorised User means someone who will have authority to access the account via telephone only but has NO liability for your organisation, e.g. office manager, secretary, accountant, etc. Authorised Users will not be able to sign any requests on your behalf to request changes to the account nor can they make any Lending requests.

Only Signatories may have access to Online Banking and a debit card. If access to Online Banking or a debit card is required then the Signatory box above should be marked with a tick.

If you are a Signatory, do you require any of the following?

Online Banking Debit Card

If requested above, signatories will be permitted to use Online Banking and make transactions on your behalf regardless of any different signing instructions or authority on your account held by the Bank.

If you are a Registered Charity, in line with the Charity Commission Guidelines, two users are required to make and authorise payments.

Section 4 Part A – Personal details

Reference number

IF NECESSARY PLEASE PHOTOCOPY THIS SECTION BEFORE COMPLETING

Introduction - In this section we require the personal details of all individuals who have the authority to make decisions on behalf of the organisation such as Directors and Trustees, regardless of whether or not they will have access to the account. We will also need the personal details of any additional Signatories and Authorised Users, these are individuals who the organisation chooses to give authority to access and operate the account, e.g. office manager, secretary, accountant.

BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE 'IMPORTANT INFORMATION' SECTION OF THE APPLICATION FORM.

Title	Forename (in full)	Middle name						
_____	_____	_____						
Surname		Any other name(s) you have been known as during the last six years						
_____		_____						
Date of birth	Nationality/Nationalities							
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<table border="0"> <tr> <td>day</td> <td>month</td> <td>year</td> </tr> </table>	day	month	year					
day	month	year						
Position within organisation								

Please provide your **address history for the past three years**. If you have lived at the same address for over three years please just provide that address. If you have lived at more than two addresses in the last three years please provide any additional addresses on a separate piece of paper or photocopy the page.

Home name/number	Street
_____	_____
_____	_____
Town/City	Postcode
_____	_____
Time at this address: <input type="checkbox"/> Years <input type="checkbox"/> Months	

Previous address (if moved within last three years)

Home name/number	Street
_____	_____
_____	_____
Town/City	Postcode
_____	_____
Time at this address: <input type="checkbox"/> Years <input type="checkbox"/> Months	

Telephone number	Mobile number
_____	_____
_____	_____

Individual's shareholding/stakeholding/voting right percentage (the percentage means the proportion of the organisation owned by the individual).

	_____ %
Are these shares being held by a nominee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide full details of actual (beneficial) shareholders (name, address, date of birth, nationalities):	

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Section 4 **Part A** – Personal details

Who do you bank with?

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Please quote your branch sort code and account number:

Branch sort code

Account number

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Do you already hold a Co-operative Bank account (personal and/or business)? If so, please complete your sort code and account number in order for us to keep our records up to date:

Branch sort code

Account number

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Your consent

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search, and make other enquiries the Bank believes necessary to confirm the details on this application form and for credit assessment. If false or inaccurate information is provided and fraud is identified, details including the names of the company Directors at the time of the fraud will be passed to fraud prevention agencies to prevent fraud and money laundering. You undertake to inform all Directors of this notice.

It is important that you read and understand the 'Important Information' section in the application form and the 'Using Your Personal Information' notice provided with your terms and conditions.

By signing below you agree that we can use your information in this way.

(Additional information may be requested by the Bank if no/insufficient records are found by searches.)

Please also complete the Account signatories Part C if you wish to be a signatory on the account.

Signature 

Date

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What level of access do you require, please tick one:

Signatory and Authorised User Authorised User Only No access to the account required

Authorised User means someone who will have authority to access the account via telephone only but has NO liability for your organisation, e.g. office manager, secretary, accountant, etc. Authorised Users will not be able to sign any requests on your behalf to request changes to the account nor can they make any Lending requests.

Only Signatories may have access to Online Banking and a debit card. If access to Online Banking or a debit card is required then the Signatory box above should be marked with a tick.

If you are a Signatory, do you require any of the following?

Online Banking Debit Card

If requested above, signatories will be permitted to use Online Banking and make transactions on your behalf regardless of any different signing instructions or authority on your account held by the Bank.

If you are a Registered Charity, in line with the Charity Commission Guidelines, two users are required to make and authorise payments.

Section 4

Part B – Major shareholders'/stakeholders' details

IF NECESSARY PLEASE PHOTOCOPY THIS SECTION BEFORE COMPLETING. PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE IMPORTANT INFORMATION SECTION IN THE APPLICATION FORM.

Introduction - In this section we need to know about any other organisation or individual who has beneficial ownership of your organisation in addition to those individuals named in Part A.

If you have no major shareholders/stakeholders, please tick here

Business/organisation with 10% (or more) shareholding/stakeholding voting right

Business/organisation name

Company registration number

Business/organisation shareholding/stakeholding/voting right percentage. (Business/organisation shareholding/stakeholding/voting right percentage means the proportion of the business owned by another business/organisation.)

 %

Principal personnel of above named business/organisation or individuals with 10% (or more) shareholding/stakeholding voting right (other than those specified in Part A)

Title

Forename (in full)

Middle name

Surname

Any other name(s) you have been known as during the last six years

Date of birth

day month year

Nationality/Nationalities

Position within business

Individual's shareholding/stakeholding/voting right percentage (The percentage means the proportion of the business owned by the individual.)

 %

Are these shares being held by a nominee? Yes No

If yes, please provide full details of actual (beneficial) shareholders (name, address, date of birth, nationalities):

Home name/number

Street

Town/City

Postcode

Time at this address: Years Months

Previous address (if moved within the last three years)

Home name/number

Street

Town/City

Postcode

Time at this address: Years Months

Telephone number

Mobile number

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search, and make other enquiries the Bank believes necessary to confirm the details on this application form and for credit assessment. If false or inaccurate information is provided and fraud is identified, details including the names of the company Directors at the time of the fraud will be passed to fraud prevention agencies to prevent fraud and money laundering. You undertake to inform all Directors of this notice.

It is important that you read and understand the 'Important Information' section in the application form and the 'Using Your Personal Information' notice provided with your terms and conditions.

By signing below you agree that we can use your information in this way.

Signature



Date

Section 4

Part C – Account signatories

IF NECESSARY PLEASE PHOTOCOPY THIS PAGE.

ALL ACCOUNT SIGNATORIES WITH AUTHORITY TO TRANSACT ON THE ACCOUNT MUST BE RECORDED IN PART A.

Signing authority

Account Name

Please tick the level of signing authority required when making a request or giving an instruction to the Bank, etc.:

- Any one of the signatories to sign Any two of the signatories to sign All of the signatories to sign
- One or more named signatories to sign (please specify name below) Other combination (please give details below)

Please complete the section below in black **ball point pen** using **CAPITALS** with all signatories providing relevant details.

Title

Forenames

Surname

Position

Signature

Title

Forenames

Surname

Position

Signature

Title

Forenames

Surname

Position

Signature

Title

Forenames

Surname

Position

Signature

Registered Charities, Co-operatives and Community Interest Companies must provide:

- A copy of your organisation's most up to date governing document in the form of **Rules and Constitution** or **Memorandum and Articles of Association**.
 - If your account title does not match that of the main Charity you will be required to provide us with a letter from the Charity, on their letter headed paper authorising you to use their Registered Charity Number.
 - Your last **30 days' consecutive business bank statements** for established organisations.
- Credit Unions must also provide:
- Evidence of FCA Regulated Status.
 - A copy of your AML Policies, procedures and controls.

Trusts must provide:

- A copy of your **Trust Deed** detailing Trustees, Beneficiaries and Settlers.
- If you are a Registered Charitable Trust and your account title does not match that of the main Charity, you will be required to provide us with a letter from the Charity, on their letter headed paper authorising you to use their Registered Charity Number.
- Your last **30 days' consecutive business bank statements** for established organisations.

Societies registered under the Co-operative and Community Benefits Society Act must provide:

- Confirmation of registration** if applicable.
- A copy of your organisation's **Rules and Constitution**.
- Your last **30 days' consecutive business bank statements** for established organisations.

Right to Reside:

If you are not a national of any of the following countries you will also need to provide additional certified proof to show that you have the right to reside in the UK:

UK, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Guernsey, Hungary, Iceland, Ireland, Isle of Man, Italy, Jersey, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden or Switzerland.

Any of the following can be accepted as evidence of right to reside in the UK:

- An **EEA Passport** or a **non EEA endorsed passport** confirming right to reside.
- A **National ID Card** from an EU or EEA state (including Switzerland).
- A **registration certificate** or **document**.
- A **Biometric Residence Permit**.
- Application **Registration Photo card** (ARC).
- Home Office/Government issued **immigration status document**.
- United Nations Convention **travel document**.
- Home Office letter** confirming refugee status.
- Home Office issued **residence permit** or **residence card**.
- Benefits paperwork** issued by HMRC, a UK Local Authority, Job Centre Plus or DWP*

If you are able to provide evidence, UK state benefit or a passport proving right to reside in order to satisfy our identity or address requirements, this will also satisfy the additional right to reside requirement.

Introduction

Failure to provide all relevant signatures will result in the application being returned and a delay in processing the application.

All Directors/Trustees/Authorised Officials must sign this section in accordance with their Constitution.

I/We declare and hereby resolve that:

- The information provided in this application is true and correct.
- The Directors / Trustees / Authorised Officials have carefully considered the terms and conditions for the Account(s) and have agreed to accept and comply with the terms and conditions on behalf of the business (a copy of the account Terms and Conditions can be found at co-operativebank.co.uk/business).
- The Directors / Trustees / Authorised Officials have carefully considered the fees and charges for the account as outlined in the Account Tariff and have agreed to accept the Account Tariff on behalf of the Organisation (a copy of the account tariff can be found at co-operativebank.co.uk/business).
- The Organisation is empowered by, and is acting within, its constitution in giving instructions for the Bank to act as our bankers.
- All Directors / Trustees / Authorised Officials / Signatories / Authorised Users are aged 18 or over.
- No Directors / Trustees / Authorised Officials / Signatories / Authorised Users have been subject to bankruptcy in the last six years.
- No Directors / Trustees / Authorised Officials / Signatories / Authorised Users have had County Court Judgments registered against them in the last six years.
- I/We have received and read the Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusion List.
- I/We appoint those individuals recorded as Authorised Users in Section 4 Part A to access and use the account(s) with the Bank entirely at our own risk and that the Bank will have no liability for any losses, costs, charges of any nature whatsoever that is incurred in connection with the Authorised Users' improper use of the account(s) (save for any liability that the Bank cannot exclude or limit under applicable law).

I/We authorise The Co-operative Bank p.l.c. to:

- act as our bankers, open and operate the Account(s) specified by the Organisation in the application form and to provide the Organisation with the services offered by the Bank
- accept instructions (including written instructions sent by facsimile and electronic instructions through the use of digital signatures and/or identification numbers or passwords) from us in connection with the Account(s), provided that the instructions are given and/or signed in accordance with the signing authority listed in the **Account signatories Section 4 Part C** of this application. Instructions shall mean: cheques, bills of exchange, promissory notes or other orders for payment drawn, made or accepted on our behalf, (even if the payments cause the Account(s) to be overdrawn) and requests or instructions in writing concerning the Account(s), our affairs or property (including the opening of new Account(s), the arranging of facilities and creation of security)
- communicate with or in respect of the Organisation by email and/or SMS in connection with the Account(s)
- act on instructions given by Signatories/Authorised Users in accordance with the account terms and conditions
- allow any one of our Account Signatories listed in Section 4 Part C the option to register a telephone security pass number by calling our customer services team once the account(s) has been opened. The telephone security pass number can be used by all Signatories/Authorised Users to give instructions in accordance with the account Terms and Conditions
- search the files of one or more credit reference agencies, who will keep a record of that search, and make other enquiries the Bank believes necessary to confirm the details on this application form and for credit assessment. It is important that you read and understand the 'Important Information' section and the 'Keeping You Informed' section in the application. By signing this application you agree that we can use the information about the Organisation in this way.

I/We understand and agree that:

- Details of how the Account(s) is/are conducted may be recorded with one or more credit reference and fraud prevention agencies and may be shared with and used by other lenders for the purpose of assessing further applications from the business (including all Directors, Trustees and Authorised Officials) and for occasional debt tracing or fraud prevention. The Bank will hold and process the information you provide and may use it to assess the suitability of your application using the technique known as 'Credit Scoring':
- This declaration shall remain in force notwithstanding any change in our constitution, Trust Deed, name or membership.
- The Organisation shall notify the Bank in writing of any change in ownership and any change of Directors / Trustees / Authorised Officials / Signatories / Authorised Users and shall provide the Bank with a copy of any changes to the Constitution/Rules/Memorandum and Articles of Association/Regulations or Bye Laws if required.

Please turn overleaf to sign the Declaration.

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IF NECESSARY PLEASE PHOTOCOPY THIS PAGE BEFORE COMPLETING

This Declaration must be signed in accordance with your organisation's Constitution.

Failure to provide all relevant signatures will result in your application being returned and a delay in processing the application.

Name


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Position in Organisation

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Date

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Signature 

Name

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Position in Organisation

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Signature 

Name

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Position in Organisation

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Date

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Signature 

Name

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Date

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Signature 

Name

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Position in Organisation

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Date

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Signature 

Please call 03457 213 213* if you would like to receive this information in an alternative format such as large print, audio or Braille.

The Co-operative Bank p.l.c. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (No.121885). The Co-operative Bank, Platform, smile and Britannia are trading names of The Co-operative Bank p.l.c., P.O. Box 101, 1 Balloon Street, Manchester M60 4EP. Registered in England and Wales No.990937. Credit facilities are provided by The Co-operative Bank p.l.c. and are subject to status and our lending policy. The Bank reserves the right to decline any application for an account or credit facility. The Co-operative Bank p.l.c. subscribes to the Standards of Lending Practice which are monitored by the Lending Standards Board.

*Calls to 0800 and 0808 numbers are free from landlines and mobiles. Calls to 03 numbers cost the same as calls to numbers starting with 01 and 02. Calls to 0845 and 0870 numbers cost 3p per minute, plus your phone company's access charge. Calls to 0844 and 0843 numbers cost 7p per minute, plus your phone company's access charge. Calls may be monitored or recorded for security and training purposes.

Information correct as at 04/2017.