

The **co-operative** bank
good with money

Community account Application

To open a Co-operative Bank Community account just follow the 5 easy steps below:

- 1** Complete all relevant sections in the application form using a black ballpoint pen and write clearly in CAPITAL LETTERS.
- 2** Ensure all Key Account Parties, Additional Named Individuals and Major Shareholders have read Section 1 important information and signed this application form as appropriate.
- 3** Ensure all account signatories have signed Section 9.
- 4** Gather all supporting documentation (see section 4).
This information is required by all banks under Financial Services Authority regulations to support the prevention of money laundering.
- 5** Post everything to us in the envelope provided – no stamp is required.

Type of Community account required (please check and amend if necessary)

All accounts opened in accordance with the Proceeds of Crime Act, Anti-Money Laundering Regulations and the Data Protection Act.

Current accounts:

- Community Directplus
- Co-operatives Directplus

Deposit accounts:

- Business Select
- Corporate Reserve
- Guaranteed Investment

If you need any help completing your application form please contact one of our Customer Service Advisers **FREE on 0800 783 4745.**

For Bank use only

Part of The **co-operative** financial services

Reference number

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



Note:

ALL organisations must complete Section 1.

Please ensure ALL account signatories have read Section 1 BEFORE signing Section 9.



Note:

Additional Named Individuals means anyone who will have authority to use the Community account but has NO liability for your organisation e.g. office manager, secretary, accountant etc.



Note:

The 'Authority for Additional Named Individual to draw on account' is only applicable if you have completed Section 7.

Declaration

Details of how the account(s) is/are conducted may be recorded with one or more credit reference agencies and may be shared with and used by other lenders for the purpose of assessing further applications from you (including all Directors, Partners and Committee Members) and members of your household (including all Directors, Partners and Committee Members) 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".

Organisation name

I/We authorise The Co-operative Bank p.l.c. (the "Bank") to:

- act as our bankers, open and operate the account(s) (the "Account(s)") specified by me/us on the application form and provide the Organisation with the services (the "Service") 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) and the service, provided that the instructions are given and/or signed in accordance with the signing authority listed in the account signatories Section 8 on this Bank mandate. 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 in connection with the account(s)
- search the files of one or more credit reference agencies, which will keep a record of that search, and make any other enquiries the Bank believes necessary to confirm details on this form and for credit assessment.

Authority for Additional Named Individual to draw on account

NB. Each additional named individual must complete Section 7. No proof of identity or address is required.

To: The Co-operative Bank p.l.c.,

I/We authorise and request that until you receive written notice from me/any one of us to the contrary to treat and consider Additional Named Individuals listed in Section 7 as fully empowered by me/us and on my/our behalf:

- to draw, sign and endorse cheques and other orders for payment on my/our account(s) with you
- to draw, sign, accept and endorse bills of exchange and promissory notices on my/our account(s) with you
- to receive cheques, statements and other vouchers relating to my/our account(s) with you
- to withdraw all or any of my/our securities, documents, or other property or anything else held by you by way of security or for safe custody collection or any other purpose whatsoever on my/our account(s)
- to arrange terms with you for the negotiation or discount of any documents
- to negotiate with you for and take advances whether by way of loan, overdraft discount, or otherwise with or without security
- to charge, pledge and deposit with you any of my/our property upon such terms as you may require to secure the payment or discharge to you on demand of all monies and liabilities which shall for the time being (and whether on or at time after such demand) be due owing or incurred to you by me/us whether actually or contingently and whether solely or jointly with any other person and whether as principal or surety including interest, discount commission and other banking charges
- generally to act on my/our behalf in all transactions and matters of business with you and to comply fully with any account terms and conditions and security requirements you may operate in connection with my/our account(s) with you now or in the future
- to pay all interest arising on the above account to the person whose name appears below as the beneficiary of this Third Party Mandate. And I/we request you to act on the above instructions and in particular to pay and honour all such cheques, orders bills, notes or requests as above mentioned notwithstanding that any such payment may cause my/our said account(s) to be overdrawn or may increase any existing overdraft. And I/we hereby agree that all acts, matters and things done under or in pursuance hereof after the death, of myself/any one of us shall be binding upon the executors or administrators of and all other persons claiming through or under me/any one of us unless written notice of such death shall have been previously received by you.

Additional Named Individuals – please print the name of these individuals below:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



Note:

This section should be signed in accordance with your rules/constitution or by a minimum of two key officials as appropriate. If it is a sole directorship, your Company Secretary must sign this section.



Note:

If you are a Trust, all Trustees must sign.



Note:

With the exception of your Company Secretary, each person who signs this section must complete Section 5: Personal Details - Key Account Parties.

Useful tip:

If you require more than four Trustees to sign, please photocopy this page and attach the additional completed page(s) to your application.

Declaration continued

I/We agree, declare and hereby resolve:

- that the information provided in this mandate is true and correct
- all signatories to the account are aged 18 or over
- that the Bank shall be notified in writing of any change in limited company share ownership and any change of Directors/Secretary/Members/Trustees/Governors, other official or authorised signatory and shall provide the Bank with a copy of any changes to the Constitution/Rules/Memorandum and Articles of Association/Regulations or Bye Laws. Any changes will be subject to FSA requirements
- that the Directors/Members/Trustees/Governors[†], having carefully considered the terms and conditions for the Account(s) and the Service, have agreed to accept and comply with the terms and conditions
- that this authority shall remain in force notwithstanding any change in our constitution, LLP agreement (if applicable), name or membership
- that the Organisation is empowered by, and is acting within, its constitution in giving instructions for the Bank to act as our Bankers in the terms set out above
- (in the case of a Trust) that the Trust Deed empowers the Trustees, without restriction or exclusion, to and we do hereby request and authorise The Co-operative Bank p.l.c. in the terms set out above
- (in the case of a Charity) that pursuant to section 82 of the Charities Act 1993,

and have been given

a general authority to enter into obligations on our behalf and that a copy of the trustees' resolution confirming such delegation shall be attached to the application form and mandate. **(Charities only – please print names of two authorised signatories.)**

Name of Director/Chairman/Member/Head Teacher/Trustee/Officer [†] <input style="width: 95%;" type="text"/>	Signature <input style="width: 95%; height: 40px;" type="text"/>
Date <input style="width: 40px;" type="text"/>	
Name of Director/Chairman/Member/Head Teacher/Trustee/Officer [†] <input style="width: 95%;" type="text"/>	Signature <input style="width: 95%; height: 40px;" type="text"/>
Date <input style="width: 40px;" type="text"/>	
Name of Director/Chairman/Member/Head Teacher/Trustee/Officer [†] <input style="width: 95%;" type="text"/>	Signature <input style="width: 95%; height: 40px;" type="text"/>
Date <input style="width: 40px;" type="text"/>	
Name of Director/Chairman/Member/Head Teacher/Trustee/Officer [†] <input style="width: 95%;" type="text"/>	Signature <input style="width: 95%; height: 40px;" type="text"/>
Date <input style="width: 40px;" type="text"/>	
Name of Secretary/Member [†] (This must be a different individual to above) <input style="width: 95%;" type="text"/>	Signature <input style="width: 95%; height: 40px;" type="text"/>
Date <input style="width: 40px;" type="text"/>	
Excerpt of minutes of a meeting of Directors/Members/Trustees/Governors [†] of <input style="width: 95%; height: 20px;" type="text"/>	
Held at <input style="width: 60%; border-bottom: 1px dashed black;" type="text"/>	On <input style="width: 20%; border-bottom: 1px dashed black;" type="text"/>

NOTE: [†] delete as appropriate

now go to Section 2 ▶



Note:

This is the address to which all communications and statements for this account will be sent.

Postal address

House number or name and street			
		Town	
City		Postcode	



Note:

Please be specific e.g. Housing Co-operative, secondary school etc.

What does your organisation do?



Note:

e.g. general trading, payment of salaries etc.

What will the main purpose of the account be?



Note:

If you are a newly established organisation please complete the financial details section using estimated/projected figures.

Financial details (must be completed in ALL cases)

Date organisation established	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>day</td><td>month</td><td>year</td><td></td><td></td><td></td> </tr> </table>							day	month	year				Current year end date	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>day</td><td>month</td><td>year</td><td></td><td></td><td></td> </tr> </table>							day	month	year			
day	month	year																									
day	month	year																									
Annual turnover	£	Number of employees																									
Where will the majority of your income/turnover come from e.g. voluntary contributions, grants, general trading etc.?																											
By what method do you expect to receive and make the majority of your payments? (Tick the most appropriate.)																											
<input type="checkbox"/> cheque	<input type="checkbox"/> electronic payments (BACS/internet)	<input type="checkbox"/> foreign payments	<input type="checkbox"/> cash																								



Note:

Only fill in the accountant's details if they are relevant to your organisation.

By providing your accountant's details you give the Bank permission to disclose information to them.

Accountant's details

Name	
Address	
	Town
City	Postcode



Note:

Please provide Co-operatives Directplus details if they are relevant to your organisation.

Co-operatives Directplus details

Membership number	

To be eligible for this account you must be a member of Co-operatives^{UK}. If you are a member please enter your membership number. By entering your number, you give your consent for the Bank to verify this number and your membership with Co-operatives^{UK}. If you are not a member, by selecting this account you give your consent for the Bank to pass your information to Co-operatives^{UK} to allow them to contact you with regard to membership.

now go to Section 3 ▶



Note:

We cannot accept cheques payable to any other organisation other than the one detailed in Section 2.



Note:

If a Business debit card is required for some signatories and not others, or you require additional cards, please complete a separate Business debit card application form. Please call a Customer Service Adviser FREE on **0800 783 4745** for an application form.



Note:

The signing authority on a Business Select or Guaranteed Investment account will be the same as for your Community account.

If you are transferring money from your Co-operative Bank account into a Guaranteed Investment account, the signing authority for both accounts must be the same.

Initial deposit

If you have enclosed an initial deposit, please make your cheque payable to **the account title as specified in Section 2**

and indicate the amount here:

£

If you are opening more than one account, please specify which account(s) the deposit is for:

Current account	<input type="text"/>	£
Deposit account	<input type="text"/>	£
Deposit account	<input type="text"/>	£

Business debit card (for current account applications only)

Please tick this box if you require **all** people named as signatories in Section 9 to be issued with a Co-operative Bank Business debit card.

Business Select deposit account

Do you require a Business Select account? **(Please tick to confirm)**

Please indicate which Business Select term you would like:

Instant Access 14 Day

Guaranteed Investment

Do you require a Guaranteed Investment account? **(Please tick to confirm)**

Please indicate which Guaranteed Investment term you would like:

Guaranteed Investment **3 months** Guaranteed Investment **6 months** Guaranteed Investment **12 months**

Please indicate the amount of deposit you would like to pay into the new Guaranteed Investment account:

£

Please indicate where the deposit will come from:

Cheque enclosed with application form Transfer from existing Co-operative Bank account

Cheques should be made payable to the account title as specified in Section 2.

If you are transferring funds from a Co-operative Bank account please provide details below.

Full name of account from which to transfer

Branch sort code	Account number	Account type
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3

Banking requirements



Note:

Failure to provide a password could result in us only being able to communicate with you in writing.



Remember:

It is vital that you keep the password and pass number totally confidential.



Note:

The pass number you enter will be loaded to your account. If you need to change it at any time, please contact us and we will send you the appropriate form to complete and return to us.



Note:

Please note Post Office banking may take up to four weeks to set up. You will be provided with a Post Office paying in book for use at your nominated Post Office.



Note:

It is important that you provide the full postcode for your nominated Post Office.



Remember:

You can withdraw up to £500 in cash using your debit card at any LINK cash machine.

Telephone security password (for account opening process only)

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 write your password below:

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

Password

PLEASE ENSURE YOU HAVE READ AND UNDERSTAND SECTION 1: IMPORTANT INFORMATION.

Telephone security pass number (for use once your account is opened)

A telephone security pass number will be used to identify you or your representative(s) to Bank staff. Once your account has been opened, it will enable you or your representative(s) to give instructions or obtain answers to queries on your account(s) over the telephone.

Please choose an appropriate four-digit number if you have not already registered one with Customer Services:

You can use any combination of numbers providing they are not consecutive or there are not more than two of the same numbers together (for example, not 1234 or 7778).

For security reasons we do not recommend that you use a pass number that you already have set up for other accounts.

Pass number

PLEASE ENSURE YOU HAVE READ AND UNDERSTAND SECTION 1: IMPORTANT INFORMATION.

Internet banking

If you would like the convenience of our Business Internet Banking service to help manage your account **please tick this box.**

In order to access the Business Internet Banking service the following requirements must be satisfied. You must:

- have Windows 2000/XP with Internet Explorer 6, Netscape 7 or Firefox 1.5
- have Mac 10.4 with Firefox 1.5 or Safari 2.

Any of your authorised signatories, acting alone, will be permitted to use the Business Internet Banking service and make transactions on your behalf regardless of any different signing instructions or authority on your account held by the Bank. This is a condition of the Business Internet Banking service.

If you are a Registered Charity, in line with Charity Commission Guidelines, two users are required to make and authorise payments. In order to access this service you must have Windows 2000/XP with Internet Explorer 6 and Adobe Acrobat Reader 6.

If you do not meet these requirements but would like to use internet banking, we may still be able to offer you a service.

Please tick this box for further information

Post Office banking

If you would like the option of banking at your local Post Office **please tick this box and give the FULL postal address details including postcode of your nominated Post Office below.**

Name of Post Office

Address

Town

City

Postcode

Services required (tick as appropriate):

Deposit cash and/or cheques

Cash cheques

Note/coin change facility

How much

£

Frequency (i.e.daily, weekly etc.)

now go to Section 4 ▶

Need help?

Contact a Customer Service Adviser FREE on **0800 783 4745**

Document checklist

Limited/Community Interest Companies must provide:

Company registration number

Company registration number

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


Registered address of organisation (Please complete if different from Section 2.)

Name of organisation	
<input type="text"/>	
Address	
<input type="text"/>	
Town	
<input type="text"/>	
City	Postcode
<input type="text"/>	<input type="text"/>


- For all non-UK registered Limited Companies we require an original or a certified copy of the **Company's Certificate of Incorporation**, or equivalent, (including Certificate of Incorporation on Change of Name) together with a copy of your Licence Agreement issued by Companies House which authorises you to operate in the UK. **This is not required for UK registered Limited Companies.**
 - For recently established Limited Companies please also provide a certified copy of **Form 10** or certified copies of all **288a** and **288b forms** lodged with Companies House.
 - Please provide a statement of how your shares are issued – confirming who the shareholders are and the number of shares held. If shares are held by another company it would assist us if you could provide us with background information regarding the corporate structure.
- If limited by Guarantee we also require:**
- An original or a certified copy of the **Company's Memorandum and Articles of Association** confirming you are a non-profit making organisation.

Certified copies are copies of original documents which should be signed "original seen" and dated. We may need to contact the person who has certified the documents. Please ensure they include their full name, title, address and telephone number (NOT a mobile number) on the certified documents.


Copies can be certified by a UK lawyer, banker, authorised financial intermediary, Mortgage Code Compliance Board regulated mortgage broker, accountant, teacher, doctor, minister of religion or postmaster/sub-postmaster.



Note:
ALL organisations must complete Section 4.



Note:
We require some additional documentation to support your application. The checklist opposite details the information required. **However, on occasion we may need to ask for further information.**



Note:
Failure to enclose the information will result in a delay in processing your application.



Note:

Only Registered Charities need to complete the boxes opposite. If you are a subsidiary company to a Registered Charity and wish to use their number, we will require a letter from the Registered Charity, on their letter headed paper, giving their authorisation for you to use their charity number.

Charities must provide:

Charity registration number

Charity registration number							

Company registration number (if Limited)							

FSA registration number for approved pension Trustees							

Registered address of Charity/organisation (please complete if different from Section 2)

Name							
Address							
Town				City			
Postcode							

Registered Charities must provide:

- An original or a certified copy of your organisation's governing document in the form of **Rules and Constitution** or **Memorandum and Articles of Association**.
- For all non-UK registered Charities we require an original or a certified copy of the **Charity's Certificate of Incorporation**, or equivalent, (including Certificate of Incorporation on Change of Name) together with a copy of your Licence Agreement issued by Companies House which authorises you to operate in the UK. **This is not required for UK registered Charities.**
- 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.



Note:

A **business plan** can be produced by yourself or your advisor/accountant. Please provide as much information as possible to enable us to understand your business. As a minimum we require: details of what the business does, number of employees, projected growth/turnover and details of where this will come from.

Unregistered Charities must provide:

- A copy of your organisation's governing document in the form of **Rules and Constitution** or **Memorandum and Articles of Association**.
- Your last **90 days consecutive business bank statements** for established organisations. If newly established, please provide a copy of your **business plan**.

Trusts must provide:

- A certified copy of the relevant sections of your **Trust Deed** detailing Trustees, Beneficiaries and Settlers.
- 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.

Societies registered under the Industrial & Provident Act and

Friendly Society Act must provide:

- Confirmation of FSA/I&P registration** if applicable.
- A copy of your organisation's **Rules and Constitution**.

FSA/I&P/Friendly Society number							

All other organisations (including schools, unincorporated associations, clubs and voluntary organisations) must provide:

- A copy of your organisation's **Rules and Constitution** or **Aims and Objectives**.
- A letter from your governing body authorising the opening of the account and the main officials to act on behalf of the organisation, as appropriate.
- Your last **90 days consecutive business bank statements** for established organisations. If newly established, please provide a copy of your **business plan**.

now go to Section 5 ▶

BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD SECTION 1: IMPORTANT INFORMATION. ONCE COMPLETE PLEASE SIGN SECTION 1.

Please provide three full years address history for each person. If necessary, provide additional information on a separate sheet and attach to your application.



Note:

Key Account Parties are individuals who have liability for the organisation such as:
Directors/Members/
Trustees/Committee
Members/Partners.



Note:

ALL organisations must fill in Section 5.

Please see below for details of who has to fill in this section:

Limited Companies/ Limited Liability Partnerships/Limited by Guarantee/ Charities/Trusts/ other types of organisation:

if you have four Directors/Designated Members or less, ALL Directors/Designated Members must complete this section. If you have more than four Directors/Designated Members, a minimum of four must complete this section. If it is a sole director ship, your Company Secretary must complete Section 7.

All remaining signatories and their officials to complete Section 7.



Note:

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

1

Title	Forename (in full)	Middle name
Surname		
Date of birth		Any other name(s) you have been known as during the last six years
day	month	year
Nationality	Position within organisation	
Individual's shareholding/stakeholding percentage		

Who do you bank with?

Please quote your branch sort code and account number

Branch sort code	Account number
------------------	----------------

Home address

Postcode

Time at this address

years

months

Previous home address (if moved within the last three years)

Postcode

Time at this address

years

months

Home telephone number (including STD code)

Mobile telephone 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 form and for credit assessment.

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

Please also complete the Account Signatories Section 9 if you wish to be a signatory on the account.

Signature

Date

Use of your information

Your Information: It is essential you read carefully the section headed Using and Sharing your Information in the terms and conditions of your account(s). This explains how we will use your information.

You will see this Padlock symbol by this section.

The Data Controller is The Co-operative Bank p.l.c.

Credit Reference & Fraud Prevention Agencies: We may make searches about you at credit reference agencies who will supply us with credit information as well as information from the Electoral Register. The agencies will record details of any search whether or not this application proceeds. We may use credit scoring methods to assess this application and to verify your identity. Credit searches and other information provided to us and/or the credit reference agencies about you and anyone with whom you are linked financially may be used by us or the "Group" and other companies or organisations if credit decisions are made about you or anyone with whom you are linked financially or other members of your household. This information may also be used for debt tracing and the prevention of money laundering as well as the management of your account(s). In addition, we will ask you to provide physical forms of identification and/or we may telephone you to confirm your identity. To prevent or detect fraud or to assist in verifying your identity we may make searches of "Group" records at fraud prevention agencies who will supply us with information. We may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and fraud is identified, details will be passed to fraud prevention agencies. We, members of the Group, and other companies or organisations may use this information if financial or motor, household, credit, life or any other insurance facility decisions are made about you or others at your address(es). It may also be used for tracing and claims assessments and verifying identity.

Please provide three full years address history for each person. If necessary, provide additional information on a separate sheet and attach to your application.

2

Title	Forename (in full)	Middle name
<input type="text"/>		
Surname	Any other name(s) you have been known as during the last six years	
<input type="text"/>		
Date of birth	Nationality	Position within organisation
<input type="text"/> <small>day month year</small>	<input type="text"/>	<input type="text"/>
Individual's shareholding/stakeholding percentage <input type="text"/> %		

Who do you bank with?		
<input type="text"/>		
Please quote your branch sort code and account number	Branch sort code	Account number
	<input type="text"/> - <input type="text"/>	<input type="text"/>


Home address		
<input type="text"/>		
<input type="text"/>		
Postcode	Time at this address	
<input type="text"/>	<input type="text"/> years <input type="text"/> months	<input type="text"/>

Previous home address (if moved within the last three years)		
<input type="text"/>		
<input type="text"/>		
Postcode	Time at this address	
<input type="text"/>	<input type="text"/> years <input type="text"/> months	<input type="text"/>

Home telephone number (including STD code)	Mobile telephone number
<input type="text"/>	<input type="text"/>

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 form and for credit assessment.

Please also complete the Account Signatories Section 9 if you wish to be a signatory on the account.




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

Signature	Date
<input type="text"/>	<input type="text"/>

Use of your information

Your Information: It is essential you read carefully the section headed Using and Sharing your Information in the terms and conditions of your account(s). This explains how we will use your information.

 You will see this Padlock symbol by this section.

The Data Controller is The Co-operative Bank p.l.c.

Credit Reference & Fraud Prevention Agencies: We may make searches about you at credit reference agencies who will supply us with credit information as well as information from the Electoral Register. The agencies will record details of any search whether or not this application proceeds. We may use credit scoring methods to assess this application and to verify your identity. Credit searches and other information provided to us and/or the credit reference agencies about you and anyone with whom you are linked financially may be used by us or the "Group" and other companies or organisations if credit decisions are made about you or anyone with whom you are linked financially or other members of your household. This information may also be used for debt tracing and the prevention of money laundering as well as the management of your account(s). In addition, we will ask you to provide physical forms of identification and/or we may telephone you to confirm your identity. To prevent or detect fraud or to assist in verifying your identity we may make searches of "Group" records at fraud prevention agencies who will supply us with information. We may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and fraud is identified, details will be passed to fraud prevention agencies. We, members of the Group, and other companies or organisations may use this information if financial or motor, household, credit, life or any other insurance facility decisions are made about you or others at your address(es). It may also be used for tracing and claims assessments and verifying identity.

Please provide three full years address history for each person. If necessary, provide additional information on a separate sheet and attach to your application.

3

Title	Forename (in full)	Middle name
<input type="text"/>		
Surname	Any other name(s) you have been known as during the last six years	
<input type="text"/>		
Date of birth	Nationality	Position within organisation
<input type="text"/> day month year	<input type="text"/>	<input type="text"/>
Individual's shareholding/stakeholding percentage <input type="text"/> %		

Who do you bank with?

Please quote your branch sort code and account number

Branch sort code	Account number
<input type="text"/> - <input type="text"/>	<input type="text"/>

Home address

Postcode Time at this address years months

Previous home address (if moved within the last three years)

Postcode Time at this address years months

Home telephone number (including STD code)	Mobile telephone number
<input type="text"/>	<input type="text"/>

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 form and for credit assessment.

Please also complete the Account Signatories Section 9 if you wish to be a signatory on the account.

Signature	Date <input type="text"/>
<input type="text"/>	<input type="text"/>

Use of your information

Your Information: It is essential you read carefully the section headed Using and Sharing your Information in the terms and conditions of your account(s). This explains how we will use your information.

 You will see this Padlock symbol by this section.

The Data Controller is The Co-operative Bank p.l.c.

Credit Reference & Fraud Prevention Agencies: We may make searches about you at credit reference agencies who will supply us with credit information as well as information from the Electoral Register. The agencies will record details of any search whether or not this application proceeds. We may use credit scoring methods to assess this application and to verify your identity. Credit searches and other information provided to us and/or the credit reference agencies about you and anyone with whom you are linked financially may be used by us or the "Group" and other companies or organisations if credit decisions are made about you or anyone with whom you are linked financially or other members of your household. This information may also be used for debt tracing and the prevention of money laundering as well as the management of your account(s). In addition, we will ask you to provide physical forms of identification and/or we may telephone you to confirm your identity. To prevent or detect fraud or to assist in verifying your identity we may make searches of "Group" records at fraud prevention agencies who will supply us with information. We may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and fraud is identified, details will be passed to fraud prevention agencies. We, members of the Group, and other companies or organisations may use this information if financial or motor, household, credit, life or any other insurance facility decisions are made about you or others at your address(es). It may also be used for tracing and claims assessments and verifying identity.



Note:

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

Useful tip:

If you require more than four people to fill in this section photocopy it first and then attach the additional completed page(s) to your application.

Please provide three full years address history for each person. If necessary, provide additional information on a separate sheet and attach to your application.

4

Title	Forename (in full)	Middle name
Surname		
Date of birth		Any other name(s) you have been known as during the last six years
Nationality	Position within organisation	
Individual's shareholding/stakeholding percentage		

Who do you bank with?

Please quote your branch sort code and account number

Branch sort code

Account number

Home address

Postcode

Time at this address

years

months

Previous home address (if moved within the last three years)

Postcode

Time at this address

years

months

Home telephone number (including STD code)

Mobile telephone 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 form and for credit assessment.

Please also complete the Account Signatories Section 9 if you wish to be a signatory on the account.

Signature

Date



Note:

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

Use of your information

Your Information: It is essential you read carefully the section headed Using and Sharing your Information in the terms and conditions of your account(s). This explains how we will use your information.

You will see this Padlock symbol by this section.

The Data Controller is The Co-operative Bank p.l.c.

Credit Reference & Fraud Prevention Agencies: We may make searches about you at credit reference agencies who will supply us with credit information as well as information from the Electoral Register. The agencies will record details of any search whether or not this application proceeds. We may use credit scoring methods to assess this application and to verify your identity. Credit searches and other information provided to us and/or the credit reference agencies about you and anyone with whom you are linked financially may be used by us or the "Group" and other companies or organisations if credit decisions are made about you or anyone with whom you are linked financially or other members of your household. This information may also be used for debt tracing and the prevention of money laundering as well as the management of your account(s). In addition, we will ask you to provide physical forms of identification and/or we may telephone you to confirm your identity. To prevent or detect fraud or to assist in verifying your identity we may make searches of "Group" records at fraud prevention agencies who will supply us with information. We may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and fraud is identified, details will be passed to fraud prevention agencies. We, members of the Group, and other companies or organisations may use this information if financial or motor, household, credit, life or any other insurance facility decisions are made about you or others at your address(es). It may also be used for tracing and claims assessments and verifying identity.

now go to Section 6 ▶

BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD SECTION 1: IMPORTANT INFORMATION.

If you have NO major shareholders **please tick here**

now go to Section 7 ▶

Individuals with 25% (or more) shareholding/influence:

1

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	Position within organisation
Individual's shareholding percentage		%

Home address	
Postcode	
Time at this address	
years	months

2

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	Position within organisation
Individual's shareholding percentage		%

Home address	
Postcode	
Time at this address	
years	months

3

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	Position within organisation
Individual's shareholding percentage		%

Home address	
Postcode	
Time at this address	
years	months



Note:

ALL organisations must complete Section 6. **Major Shareholders** means any individuals or business/organisation with 25% (or more) holding in issued share capital. If you are shareholders and you reside at the same address and your total shareholding/ influence is 25% (or more) please complete this section.



Note:

Anyone who has completed Section 5 does not need to complete Section 6.



Note:

If there are no additional shareholders please tick the box at the top of this page.



Note:


Individual's shareholding percentage means the proportion of the organisation owned by the individual.

BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD SECTION 1: IMPORTANT INFORMATION.

Business/organisation with 25% (or more) shareholding/influence:

Useful tip:
If there is more than one business/organisation with a 25% (or more) shareholding/influence please photocopy this section and then attach the additional completed page(s) to your application.


Note:
Business/organisation shareholding percentage means the proportion of the organisation owned by another business/organisation.


Note:
Principal personnel means anyone with liability for the named business/organisation e.g. Business Owners, Directors and/or Partners.

Useful tip:
If you require more than two people to fill in this section photocopy it first and then attach the additional completed page(s) to your application.

Business/organisation name

Company registration number (if applicable)

Organisation shareholding percentage

 %

Registered address of business/organisation

 Town
 City
 Postcode

Principal personnel of above named business/organisation

1

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 Position within business/organisation

 day month year

Home address

 Postcode Time at this address years months

2

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 Position within business/organisation

 day month year

Home address

 Postcode Time at this address years months

now go to Section 7 ►



Note:

This section to be completed by any other Directors, Committee Members, Trustees and signatories who have not completed Sections 5 & 6 and any other Additional Named Individuals.

BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD SECTION 1: IMPORTANT INFORMATION.

1

Title	Forename (in full)	Middle name
<input type="text"/>		
Surname	Any other name(s) you have been known as during the last six years	
<input type="text"/>		
Date of birth	Nationality	Position within organisation
<input type="text"/> day month year	<input type="text"/>	<input type="text"/>

Home address		
<input type="text"/>		
<input type="text"/>		
Postcode	Time at this address	
<input type="text"/>	years <input type="text"/> months <input type="text"/>	

2

Title	Forename (in full)	Middle name
<input type="text"/>		
Surname	Any other name(s) you have been known as during the last six years	
<input type="text"/>		
Date of birth	Nationality	Position within organisation
<input type="text"/> day month year	<input type="text"/>	<input type="text"/>

<input type="text"/>		
<input type="text"/>		
Postcode	Time at this address	
<input type="text"/>	years <input type="text"/> months <input type="text"/>	

3

Title	Forename (in full)	Middle name
<input type="text"/>		
Surname	Any other name(s) you have been known as during the last six years	
<input type="text"/>		
Date of birth	Nationality	Position within organisation
<input type="text"/> day month year	<input type="text"/>	<input type="text"/>

<input type="text"/>		
<input type="text"/>		
Postcode	Time at this address	
<input type="text"/>	years <input type="text"/> months <input type="text"/>	

4

Title	Forename (in full)	Middle name
<input type="text"/>		
Surname	Any other name(s) you have been known as during the last six years	
<input type="text"/>		
Date of birth	Nationality	Position within organisation
<input type="text"/> day month year	<input type="text"/>	<input type="text"/>

<input type="text"/>		
<input type="text"/>		
Postcode	Time at this address	
<input type="text"/>	years <input type="text"/> months <input type="text"/>	

Useful tip:

If you require more than four people to fill in this section photocopy it first and then attach the additional completed page(s) to your application.

Useful tip:

If you are a newly appointed Director (within the last 3 months) please provide a copy of your Form 288a.

now go to Section 8 ▶

Useful tip:

If you require more than five people to fill in this section photocopy it first and then attach the additional completed page(s) to your application.

If you have other personal/business accounts with us, or are a signatory/official of an existing Co-operative Bank account and you have completed Sections 5, 6 or 7, please complete the following information in order for us to keep our records up to date.

Your details		
Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Co-operative Bank business/personal account details		
Sort code	Account number	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	

Your details		
Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Co-operative Bank business/personal account details		
Sort code	Account number	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	

Your details		
Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Co-operative Bank business/personal account details		
Sort code	Account number	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	

Your details		
Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Co-operative Bank business/personal account details		
Sort code	Account number	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	

Your details		
Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Co-operative Bank business/personal account details		
Sort code	Account number	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND SECTION 1 ENTITLED 'IMPORTANT INFORMATION', THE SECTION ENTITLED 'USE OF YOUR INFORMATION' IN SECTION 5 AND 'KEEPING YOU INFORMED' BELOW. BY SUBMITTING THIS APPLICATION YOU AGREE THAT WE CAN USE YOUR INFORMATION IN THIS WAY.

SECTION 1: IMPORTANT INFORMATION.

Please complete the section below in **black ballpoint pen**, using **CAPITAL LETTERS**, with all signatories providing relevant details. Please ensure all signatures remain in the boxes provided – for example

Forename(s)	Signature
A.N.Other	

Title	Forename(s)	Signature
Surname		
Position		

Title	Forename(s)	Signature
Surname		
Position		

Title	Forename(s)	Signature
Surname		
Position		

Title	Forename(s)	Signature
Surname		
Position		

Title	Forename(s)	Signature
Surname		
Position		

Note:
ALL organisations must complete Section 9.

Remember:
Each signatory must have completed either sections 5 or 7 prior to completing this section.

Useful tip:
If you require more than five people to sign this section photocopy it first and then attach the additional completed page(s) to your application.

Note:
Your signing authority must reflect your M & AA's rules or constitution.

Signing authority

Account name (as named in Section 2)

--

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 names opposite)
- Other combination (please give details opposite)

Keeping you informed

The information on this form may be used for administrative and marketing purposes such as identifying other products and services which may be of interest to you (in the case of a corporate body this includes all directors, committee members, trustees etc). These may be offered by letter, email, telephone or other means of communication by the Bank, its associates or other carefully selected organisations and companies.

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

now go to Section 10 ▶

For Bank use only

Sort code

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

Date

day	month	year			

Bank stamp

--

Account number

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



Note:

ALL organisations must complete Section 10.

Please tick either 'yes' or 'no' for each question.



Remember:

If you answer 'yes' to any of the questions in Section 10, please ensure you provide further information.

Our Ethical Policy promises our customers that we will not do business with 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 (including parent company and subsidiaries) on the following:**

	yes	no
Do you manufacture or trade equipment for military or security purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the extraction or production of fossil fuels?	<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 commercial fishing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the nuclear power industry?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture, or are you involved in, animal testing of cosmetic or household products or ingredients?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the animal fur trade?	<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 animal farming?	<input type="checkbox"/>	<input type="checkbox"/>
Have you contravened any environmental legislation or regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in biotechnology or genetic modification?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any business arrangements with Third World countries, including imports and overseas operations?	<input type="checkbox"/>	<input type="checkbox"/>

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

PLEASE ENSURE YOU HAVE READ AND UNDERSTAND SECTION 1: IMPORTANT INFORMATION.

now go to Section 11 ►

**Remember:**

Please ensure you have completed the checklist opposite before returning your application. This will ensure we can process your application as quickly as possible.

Checklist (Tick box when completed)

1 Complete all sections in the application form.

- Section 1
- Section 2
- Section 3
- Section 4
- Section 5
- Section 6
- Section 7
- Section 8
- Section 9
- Section 10
- Section 11

2 Ensure two Key Account Parties have read, completed and signed Section 1.**3 Fill in your Account Transfer Authority details in Section 3** (if applicable).**4 Gather all supporting documentation** – please refer to Section 4.**5 Ensure all account signatories have signed Section 9.****6 Attach any additional photocopied sheets.**

What to do next

Once you have completed the checklist above **please return your completed application and other supporting documentation in the reply paid envelope provided.** Alternatively send it to:

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

good with money

Current accounts

Savings and investments

Payment cards

Internet banking

Corporate banking

Loans

Ethics as standard

Beyond carbon neutral – we not only offset all our current carbon emissions, we also cough up an extra 10% to cover past emissions too.

Please call 08457 213 213 if you would like to receive this information in an alternative format such as large print or Braille.

**The Co-operative Bank p.l.c., P.O. Box 101, 1 Balloon Street, Manchester M60 4EP.
Registered in England and Wales No. 990937.**

The Co-operative Bank is authorised and regulated by the Financial Services Authority (No. 121885), subscribes to the Business Banking Code, is a member of the Financial Ombudsman Service and is licensed by the Office of Fair Trading (No. 006110).

The Co-operative Financial Services Limited, Registered Office: New Century House, Manchester M60 4ES.
Registered Number 29379R.

Calls may be monitored or recorded for security and training purposes. Calls to 0845 numbers will cost no more than 4p per minute for BT customers. Call charges from other companies may vary and you may want to check this with your service provider.

Credit facilities are subject to status and not available to anyone under 18 years of age. The Co-operative Bank reserves the right to decline any application.