

Important – Your Personal Information

**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 information by ourselves and at Credit Reference and Fraud Prevention Agencies.**

For details of how your data may be used also read carefully the section headed **Using and Sharing your Information** in 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 to us both public (including the electoral register) and shared credit and fraud prevention information.
 - c) Those at fraud prevention agencies (FPAs).
 - d) If you are 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 you give us false or inaccurate information and we suspect or identify fraud, we will record this and may also pass this information to FPAs and other organisations involved in crime and fraud prevention.
- 7) If you have borrowed from us and do not make payments that you owe us, we will trace your whereabouts and recover debts.
- 8) We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.
- 9) 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**

This is a condensed version and if you would like to read the full details of how your data may be used for Credit Referencing and Fraud Prevention purposes please visit our website at co-operativebank.co.uk or phone 08457 213 213 or ask one of our staff.

You can contact the CRAs 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 0870 010 0583 or log on to www.myequifax.co.uk
- **Experian**, Consumer Help Service, PO Box 8000, Nottingham, NG80 7WF or call 0844 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,
Pennylands House,
1 Westgate,
Skelmersdale, WN8 8LP.



Note:

ALL organisations must complete Section 1.

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

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 9 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, 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 section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using and Sharing Your Information' section in your terms and conditions. By signing this application you agree that we can use your information in this way.



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.

Authority for Additional Named Individual to draw on account

NB. Each additional named individual must complete Section 9. 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 9 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.



Note:

The 'Authority for Additional Named Individual to draw on account' is only applicable if you have completed Section 8.

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

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

Section 1

Declaration continued



Note:

This section should be signed in accordance with your rules/constitution or by a minimum of two key officials as appropriate.



Note:

If you are a Registered Charity or a Registered Charity Trust, two registered Trustees must sign.



Note:

If you are a Trust, all Trustees must sign.



Note:

Limited Companies/ Companies Limited by Guarantee: minimum of two Directors/Designated Members must sign this section. Limited liability partnerships: all partners must sign this section.

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.

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
- no signatories have been subject to bankruptcy in the last six years
- no signatories have had County Court Judgements registered against them in the last six years
- 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 type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	
Name of Director/Chairman/Member/Head Teacher/Trustee/Officer [†] <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	
Name of Director/Chairman/Member/Head Teacher/Trustee/Officer [†] <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	
Name of Director/Chairman/Member/Head Teacher/Trustee/Officer [†] <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	
Name of Secretary/Member [†] (This must be a different individual to above) <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	
Excerpt of minutes of a meeting of Directors/Members/Trustees/Governors [†] of <input type="text"/>	
Held at <input type="text"/>	On <input type="text"/>

NOTE: [†] delete as appropriate



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	

What does your organisation do?

What will the main purpose of the account be?

Financial details (must be completed in ALL cases)

Date organisation established	<input type="text"/>	Current year end date	<input type="text"/>
	day month year		day month year
Annual turnover /expected turnover £	<input type="text"/>	Number of employees	<input type="text"/>
Expected financial growth %	<input type="text"/>		
Where will the majority of your income/turnover come from, e.g. voluntary contributions, grants etc.?			

By what method do you expect to receive and make the majority of your payments? (Tick the most appropriate.)

cheque
 electronic payments (BACS/CHAPS)
 foreign payments
 cash
 debit/credit cards

Accountant's details

Name			
Address			
		Town	
City		Postcode	

Co-operatives Directplus details

Membership number	<input type="text"/>
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:

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 name 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		£
Deposit account		£
Deposit account		£

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 **1 month** 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																						
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											<table border="1"> <tr> <td></td><td></td> </tr> </table>		



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.

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

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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

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



Note:

ALL organisations must complete Section 4.

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



Remember:

If you answer 'yes' to any of the questions in Section 4, 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(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 Third World 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 Third World 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, 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 involved in the nuclear power industry?	<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"/>

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

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 copy of **Form 10** or certified copies of all **AP01** and **TM01 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 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, FSA regulated mortgage broker, accountant, teacher, doctor, minister of religion or postmaster/sub-postmaster.


For other types of organisation please go to page 12 ►



Note:
ALL organisations must complete Section 5.



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:

If there are more than four parties to the account, please photocopy this page as necessary.

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
<input type="text"/> <input type="text"/> <input type="text"/> <small>day month year</small>	<input type="text"/>	<input type="text"/>
Individual's shareholding/stakeholding percentage <input type="text"/> %		



Note:

Individuals' shareholding/stakeholding percentage means the proportion of the business owned by the individual.

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"/>

Do you already hold a Co-operative Bank account (personal and/or business) with us? If so please complete your sort code and account number in order for us to keep our records up to date.		
<input type="text"/>		
	Branch sort code	Account number
	<input type="text"/> - <input type="text"/>	<input type="text"/>

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

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"/>

Useful tip:

If you are a newly appointed director (within the last three months), please provide a copy of your Form AP01.

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.

It is important that you read and understand the section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using and Sharing Your Information' section in your terms and conditions.

By signing this application 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 Section 9 if you wish to be a signatory on the account.

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



Note:

If there are more than four parties to the account, please photocopy this page as necessary.

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
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>day month year</small>		
Individual's shareholding/stakeholding percentage <input type="text"/> %		



Note:

Individuals' shareholding/ stakeholding percentage means the proportion of the business owned by the individual.

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

Do you already hold a Co-operative Bank account (personal and/or business) with us? 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	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

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

Useful tip:

If you are a newly appointed director (within the last three months), please provide a copy of your Form AP01.

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.

It is important that you read and understand the section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using and Sharing Your Information' section in your terms and conditions.

By signing this application 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 Section 9 if you wish to be a signatory on the account.

Signature	Date <input type="text"/>
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BEFORE COMPLETING THIS SECTION, PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD SECTION 1: IMPORTANT INFORMATION.

If you have NO major shareholders/stakeholders, **please tick here**

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

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 business
<input type="text"/> day month year	<input type="text"/>	<input type="text"/>
Individual's shareholding/stakeholding percentage		<input type="text"/> %

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

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

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.


It is important that you read and understand the section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using and Sharing Your Information' section in your terms and conditions.


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

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

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


Note:
ALL businesses must complete Section 7. **Major Shareholders/ Stakeholders** means any individuals or business/organisation with 25% (or more) holding in issued share capital. If you are shareholders/ stakeholders and reside at the same address and your total shareholding/ stakeholding is 25% (or more), please complete this section.


Note:
If there are no additional shareholders/stakeholders, please tick the box at the top of this page.


Note:
Individual's shareholding/ stakeholding percentage means the proportion of the business owned by the individual.

Major shareholders'/stakeholders' details

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

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

Business/organisation name <input style="width: 100%; height: 20px;" type="text"/>	
Company registration number (if applicable) <input style="width: 100%; height: 20px;" type="text"/>	Business/organisation shareholding/stakeholding percentage <input style="width: 40px;" type="text"/> %
Registered address of business/organisation <input style="width: 100%; height: 20px;" type="text"/>	
Town <input style="width: 100%; height: 20px;" type="text"/>	City <input style="width: 100%; height: 20px;" type="text"/>
Postcode <input style="width: 100%; height: 20px;" type="text"/>	

Principal personnel of above named business/organisation

Title	Forename (in full) <input style="width: 100%; height: 20px;" type="text"/>	Middle name <input style="width: 100%; height: 20px;" type="text"/>
Surname	Any other name(s) you have been known as during the last six years <input style="width: 100%; height: 20px;" type="text"/>	
Date of birth <input style="width: 40px;" type="text"/> day <input style="width: 40px;" type="text"/> month <input style="width: 40px;" type="text"/> year	Nationality <input style="width: 100%; height: 20px;" type="text"/>	Position within business/organisation <input style="width: 100%; height: 20px;" type="text"/>
Business/organisation shareholding/stakeholding percentage <input style="width: 40px;" type="text"/> %		
Home address <input style="width: 100%; height: 20px;" type="text"/>		
Postcode <input style="width: 40px;" type="text"/>		
Time at this address years <input style="width: 40px;" type="text"/> months <input style="width: 40px;" type="text"/>		
Previous home address (if moved within the last three years) <input style="width: 100%; height: 20px;" type="text"/>		
Postcode <input style="width: 40px;" type="text"/>		
Time at this address years <input style="width: 40px;" type="text"/> months <input style="width: 40px;" type="text"/>		
Home telephone number (including STD code) <input style="width: 100%; height: 20px;" type="text"/>		Mobile telephone number <input style="width: 100%; height: 20px;" type="text"/>

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.

It is important that you read and understand the section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using and Sharing Your Information' section in your terms and conditions.

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

Signature <input style="width: 100%; height: 40px;" type="text"/>	Date <input style="width: 40px;" type="text"/>
--	--

Useful tip:

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

Useful tip:

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



Note:

Business/organisation shareholding/stakeholding percentage means the proportion of the business 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.

Principal personnel of above named business/organisation

Title	Forename (in full)	Middle name
<input style="width: 100%; height: 20px;" type="text"/>		
Surname		Any other name(s) you have been known as during the last six years
<input style="width: 90%; height: 20px;" type="text"/>		<input style="width: 90%; height: 20px;" type="text"/>
Date of birth		Nationality
<input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>		<input style="width: 90%; height: 20px;" type="text"/>
day month year		Position within business/organisation
<input style="width: 90%; height: 20px;" type="text"/>		<input style="width: 90%; height: 20px;" type="text"/>
Business/organisation shareholding/stakeholding percentage <input style="width: 10%; height: 20px;" type="text"/> %		

Home address		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
Postcode		Time at this address
<input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>		years <input style="width: 10%; height: 20px;" type="text"/> months <input style="width: 10%; height: 20px;" type="text"/>

Previous home address (if moved within the last three years)		
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
Postcode		Time at this address
<input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>		years <input style="width: 10%; height: 20px;" type="text"/> months <input style="width: 10%; height: 20px;" type="text"/>

Home telephone number (including STD code)	Mobile telephone number
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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.

It is important that you read and understand the section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using and Sharing Your Information' section in your terms and conditions.

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

Signature	Date <input style="width: 90%; height: 20px;" type="text"/>
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All account holders and account signatories must complete Section 6.

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

Title	Forename (in full)	Middle name
<input style="width: 100%;" type="text"/>		
Surname		Any other name(s) you have been known as during the last six years
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Date of birth	Nationality	Position within business
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
day	month	year
Individual's shareholding/stakeholding percentage <input style="width: 20px;" type="text"/> %		

Who do you bank with?		
<input style="width: 100%;" type="text"/>		
Please quote your branch sort code and account number	Branch sort code	Account number
	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Do you already hold a Co-operative Bank account (personal and/or business) with us? 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
	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

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

Home address		
<input style="width: 100%;" type="text"/>		
Postcode	Time at this address	years
<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
	months	<input style="width: 20px;" type="text"/>

Previous home address (if moved within the last three years)		
<input style="width: 100%;" type="text"/>		
Postcode	Time at this address	years
<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
	months	<input style="width: 20px;" type="text"/>

Home telephone number (including STD code)	Mobile telephone number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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.

It is important that you read and understand the section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using and Sharing Your Information' section in your terms and conditions.

By signing this application 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 Section 9 if you wish to be a signatory on the account.

Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Note:
If there are more than four parties to the account, please photocopy this page as necessary.

Note:
Individuals' shareholding/ stakeholding percentage means the proportion of the business owned by the individual.

Useful tip:
If you are a newly appointed director (within the last three months), please provide a copy of your Form AP01.



Note:

If there are more than four parties to the account, please photocopy this page as necessary.



Note:

Individuals' shareholding/ stakeholding percentage means the proportion of the business owned by the individual.

Useful tip:

If you are a newly appointed director (within the last three months), please provide a copy of your Form AP01.

All account holders and account signatories must complete Section 6.

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

Title	Forename (in full)	Middle name
<input style="width:100%;" type="text"/>		
Surname		Any other name(s) you have been known as during the last six years
<input style="width:80%;" type="text"/>		<input style="width:100%;" type="text"/>
Date of birth	Nationality	Position within business
<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <small>day month year</small>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Individual's shareholding/stakeholding percentage <input style="width:20px;" type="text"/> %		

Who do you bank with?		
<input style="width:100%;" type="text"/>		
Please quote your branch sort code and account number	Branch sort code	Account number
	<input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>

Do you already hold a Co-operative Bank account (personal and/or business) with us? 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
	<input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>

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

Home address		
<input style="width:100%;" type="text"/>		
	Postcode	Time at this address
	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	years <input style="width:20px;" type="text"/> months <input style="width:20px;" type="text"/>

Previous home address (if moved within the last three years)		
<input style="width:100%;" type="text"/>		
	Postcode	Time at this address
	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	years <input style="width:20px;" type="text"/> months <input style="width:20px;" type="text"/>

Home telephone number (including STD code)	Mobile telephone number
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

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.

It is important that you read and understand the section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using and Sharing Your Information' section in your terms and conditions.

By signing this application 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 Section 9 if you wish to be a signatory on the account.

Signature	Date
<input style="width:100%;" type="text"/>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>



Note:

ALL organisations must complete Section 9.



Remember:

Each signatory must have completed either sections 6 and 7 or section 8 prior to completing this section.

Useful tip:

If you require more than four 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.

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
Title		
Surname		
Position		
Debit card required? Please tick as appropriate. Yes <input type="checkbox"/> No <input type="checkbox"/>		

Forename(s)		Signature
Title		
Surname		
Position		
Debit card required? Please tick as appropriate. Yes <input type="checkbox"/> No <input type="checkbox"/>		

Forename(s)		Signature
Title		
Surname		
Position		
Debit card required? Please tick as appropriate. Yes <input type="checkbox"/> No <input type="checkbox"/>		

Forename(s)		Signature
Title		
Surname		
Position		
Debit card required? Please tick as appropriate. Yes <input type="checkbox"/> No <input type="checkbox"/>		

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

i We, The Co-operative Group and any other organisations whom we feel appropriate would like to tell you by letter, telephone, fax, (including automated dialling), email, SMS (short message service) or any other means of communication, about products and services which we believe would be of interest to you and which are offered by us, The Co-operative Group and other carefully selected organisations or companies.

If you do not want us to do this, please tick this box for further details

For bank use only

Sort code												
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td>-</td><td></td><td>-</td><td></td><td></td> </tr> </table>								-		-		
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Date																		
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day	month	year																

Account number						
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						

good with money

Current accounts

Savings and investments

Payment cards

Online 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, audio 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 Lending Code and the Financial Ombudsman Service and is licensed by the Office of Fair Trading (No. 006110).

Calls may be monitored or recorded for security and training purposes. For BT customers, calls to 0800 numbers are free and calls to 0845 numbers will cost no more than 4p per minute. 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.