

Business account

Application

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

- 1 Complete all relevant sections in the application form using a black ballpoint pen and write clearly in CAPITAL LETTERS.**
 - If you are a Sole Trader or Partnership you need to complete: Sections **1(Part A)/2/3/4/5/7/8/9/10.**
 - If you are a Limited Company or Limited Liability Partnership you need to complete: Sections **1(Part B)/2/3/4/5/6/7/8/9/10.**
 - If you are a Co-operative or any other type of organisation you need to complete: Sections **1(Part B)/2/3/4/5/6/7/8/9/10.**
- 2 Ensure all Key Account Parties and Additional Named Individuals 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 business 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:

- Business Directplus
- Business Current Account (cash tariff)
- Business Current Account (standard tariff)
- Clarity Business Banking
- FSB Business Banking

Deposit Accounts:

- Business Select
- Guaranteed Investment

For Bank use only

Reference number

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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 may 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 and 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:

ALL businesses must complete either Part A or Part B of 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 business account but has NO liability for your business/organisation e.g. office manager, secretary, accountant etc.

Useful tip:

If you require more than two Additional Named Individuals or two Partners to fill in this section, please photocopy the page and attach the additional page to your application.



Note:

Partnership percentage means the proportion of the business owned by each individual Partner.



Note:

Each person who signs this section must complete Section 5: Personal Details – Key Account Parties.

Part A: Declaration Sole Traders and Partnerships (all Partners must sign)

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 Partners) and members of your household (including all Partners) 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".

I/We, the Owner of/the Partners of the firm:

	(the "Business")
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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 Business 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 the Business 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 of 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 Business 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 below and 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, other property or anything else held by you by way of security 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 benefit of this Account
- 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 myself/any one of us unless written notice of such death shall have been previously received by you.

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

1.	
2.	

The section below must be completed in all cases.

I/We agree:

- all signatories to the account are aged 18 or over
- that the information provided in this mandate and the application form is true and correct
- to notify the Bank of any change in the constitution of the Business, membership of the partnership or authorised signatory, (any change will be subject to FSA requirements)
- that, having considered the Terms and Conditions of the Account(s) and the Service, I/we will comply with and accept them
- that this authority will remain in force notwithstanding any change in the constitution, name or membership of the Business.

Name of Sole Trader		Signature
Date		

Name of Partner		Signature
Date	Partnership percentage <input type="text"/> %	

Name of Partner		Signature
Date	Partnership percentage <input type="text"/> %	

Part B: Declaration Limited Companies, Limited Liability Partnerships, Unincorporated Associations, Clubs and any other organisations

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, Proprietors and Committee Members if appropriate) and members of your household (including all Directors, Partners, Proprietors and Committee Members if appropriate) 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".

On behalf of

(the "Business") (the "Organisation")[†]

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

- act as our bankers, open and operate the Account(s) specified by the Business/Organisation[†] in the application form and to provide the Business/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 of 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 Business/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 below and 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, other property or anything else held by you by way of security 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 benefit of this Account
- 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 myself/any one of us unless written notice of such death shall have been previously received by you.

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

1. _____
2. _____
3. _____
4. _____



Note:

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



Note:

**Limited Companies/
Limited Liability
Partnerships/
Companies Limited
by Guarantee:**

minimum of two
Directors/Designated
Members must sign
this section.

**If it is a sole
directorship, your
Company Secretary
must sign this
section.**

For other types of
organisation this section
should be signed in
accordance with your
rules/constitution.



Note:

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

The section below must be completed in all cases.

I/We agree, declare and hereby resolve:

- the information provided in this mandate is true and correct
- all signatories to the account are aged 16 or over
- that the Bank shall be notified in writing of any change in limited company share ownership and any change of Partners/ Directors/Secretary/Members[†], 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 Partners/Directors/Members[†], 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 Business/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.

Name	<input type="text"/>	Signature
Position in Business/Organisation [†]	<input type="text"/>	
Date	<input type="text"/>	

Name of Secretary/Member/Director [†] (This must be a different individual to above)	<input type="text"/>	Signature
Position in Business/Organisation [†]	<input type="text"/>	
Date	<input type="text"/>	

Excerpt of minutes of a meeting of Directors/Members [†] of	<input type="text"/>	
Held at	<input type="text"/>	On <input type="text"/>

[†]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.



Note:

e.g. not just consultancy or sales. Try to give as full a description as possible.



Note:

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



Note:

Number of working officials/employees means all individuals involved in the day-to-day running of the business.



Note:

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



Note:

Only fill in the accountant's details and FSB membership details if they are relevant to your business.

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

Postal address

House number or name and street

Town

City

Postcode

What does your business do?

What will the main purpose of the account be?

Financial details (must be completed in ALL cases)

Date business established

Current year end date

Annual turnover

Number of working officials/employees

Where will the majority of your income/turnover come from e.g. sale of existing business/assets, general trading etc.?

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

cheque electronic by BACS/internet foreign payments cash

Accountant's details

Name

Address

Town

City

Postcode

FSB membership details

Membership number

If you are a member of the Federation of Small Businesses (FSB), please enter your membership number. By entering your number you give your consent for the Bank to verify this number and your membership with the Federation of Small Businesses.

now go to Section 3 ▶



Note:

We cannot accept cheques payable to any other business 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 contact 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 business 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 **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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account transfer

If you wish to transfer your Business account from your present bank or building society, please complete the form below.



Note:

Once your account is open, your account transfer request will commence – this may take up to four weeks to complete. You will be informed at each stage of the process.



Note:

If you are transferring more than one account from the same bank/building society, please provide all relevant account numbers.



Note:

Please contact us once your account is opened as you will need to make separate arrangements with us for any irregular payments or salaries i.e. bill payments etc. that you currently pay through your account.



Note:

If you receive direct credits into your account, please contact the remitter advising them of your new account details.



Note:

If you are transferring a sole trader or partnership account to a Co-operative Bank limited account, please call **0161 947 7135**.

Dear Sir/Madam

Please accept this signed authority to:

- supply The Co-operative Bank with a list of standing orders/Direct Debits
- transfer the balance of my/our Business account
- close my/our Business account.

Bank/Building Society

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

Correspondence address

Town

City

Postcode

NB: please note that the request needs to be in accordance with the signing instructions on your present account.

Signature 1 <input type="text"/>	Signature 2 <input type="text"/>	Signature 3 <input type="text"/>
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Print full business name

Print full name of contact

For office use only

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

These notes explain the account transfer process. If you have any queries, please contact us.

1. Complete your account transfer details above and the rest of the application form and send it back to us in the reply pre-paid envelope provided.
2. Once your account is open, we will contact your present bank/building society and request a list of your standing orders/Direct Debits. As soon as we hear from them we will contact you by letter.
3. Once you receive this letter, please contact us on **0161 947 7135** to confirm we have the correct details from your present bank/building society. At this point we will confirm the final transfer date and advise you to return your present bank/building society's stationery (to assist them in the closure of your account, if applicable).
4. Once you confirm the details we will set up the payments for you and a letter will be sent to your present bank/building society requesting the balance transfer and/or closure of your account.
5. We will then write to you to confirm that the account transfer has been completed.

Document checklist

Sole Traders with an existing business bank account must provide:

- Your last 90 days' consecutive business bank statements.

Sole Traders with a newly established business must provide:

- Your last 90 days' consecutive personal bank statements OR business plan.

Partnerships with an existing business bank account must provide:

- Your last 90 days' consecutive business bank statements.

Partnerships with a newly established business must provide:

- Your business plan.

Limited Companies must provide:

Company registration number

Company registration number					

Registered address of business (please complete if different from Section 2)

Name of business																	
Address																	
					Town												
City					Postcode												
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- 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. This is not required if your organisation is Limited by Guarantee.

Limited Liability Partnerships (LLPs) must provide:

- For all non-UK registered LLPs we require an original or a certified copy of the **LLP'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 LLPs.**
- For recently established LLPs, please provide a certified copy of **Form LLP2** or certified copies of all **LLP288a** and **LLP288b** 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.

Clubs and other organisations with an existing business bank account must provide:

- A copy of your **organisation's rules and constitution**, or **Memorandum and Articles of Association**. If your organisation does not hold a written rules and constitution document, please provide us with a letter confirming your organisation's aims and objectives or a copy of a **business plan**.
- Your last 90 days' consecutive business bank statements.

Clubs and other newly established organisations must provide:

- A copy of your **organisation's rules and constitution**, or **Memorandum and Articles of Association** or **business plan**. If your organisation does not hold a written rules and constitution document, please provide us with a letter confirming your organisation's aims and objectives.

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:

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

Note:

ALL businesses must complete Section 4.

Note:

This checklist details the minimum that is required and we may on occasion request additional information to support your application.

Note:

A **business plan** can be produced by yourself or your adviser/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.



Note:

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



Note:

ALL businesses must fill in Section 5.

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

Sole Traders: the Sole Trader.

Partnerships:

if you have four Partners or less ALL Partners must complete this section.

If you have more than four Partners, a minimum of four must complete this section.

Limited Companies/ Limited Liability Partnerships/Limited by Guarantee/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 directorship, your Company Secretary must complete Section 7.

All remaining signatories and their officials to complete Section 9.



Note:

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

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.

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 business	
Individual's shareholding/stakeholding percentage		

Who do you bank with?

Please quote your branch sort code and account number

Branch sort code	Account number
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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 may 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 and 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 business
<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year
Individual's shareholding/stakeholding percentage <input type="text"/> %		

Note:
Individual's 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"/>

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 may 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 and 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.

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 business
<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year
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"/>	<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

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

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 may 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 and 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.

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.



Note:

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



Note:

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

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 **now go to Section 7** ▶



Note:

ALL businesses must complete Section 6. **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.

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:

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



Note:

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

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

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 business	
Individual's shareholding/stakeholding percentage		

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.

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.

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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 may 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 and 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.

turn over ▶

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

Company registration number (if applicable)

Business/organisation shareholding/stakeholding percentage

 %

Registered address of business/organisation

Town

City

Postcode

Principal personnel of above named business/organisation

Title

Forename (in full)

Middle name

Surname

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

Date of birth

day month year

Nationality

Position within business/organisation

Business/organisation shareholding/stakeholding percentage

 %

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.

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 may 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 and 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.

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.

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:

This section to be completed by any other directors, designated members and signatories who have not completed Sections 5 & 6 and any other Additional Named Individuals.

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 three months), please provide a copy of your Form 288a.

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

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

2

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

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

3

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

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

4

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

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

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.

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.

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"/>	



Note:

ALL businesses 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(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, production or distribution of fossil fuels?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the production or distribution of other fuels (e.g. biofuels)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in forestry or the timber trade?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the fishing industry?	<input type="checkbox"/>	<input type="checkbox"/>
Are you 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:

Name	Signature
<input type="text"/>	
Position	<input type="text"/>
Full name of organisation	<input type="text"/>
Account number	Date <input type="text"/>
<input type="text"/>	

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 relevant sections in the application form.**

If you are a Sole Trader or Partnership you need to complete: Sections **1(Part A)/2/3/4/5/7/8/9/10.**

If you are a Limited Company or Limited Liability Partnership you need to complete:

Sections **1(Part B)/2/3/4/5/6/7/8/9/10.**

If you are a Co-operative or any other type of organisation you need to complete:

Sections **1(Part B)/2/3/4/5/6/7/8/9/10.**

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

Ensure two Key Account Parties have read, completed and signed Section 1.

Fill in your Account Transfer details in Section 3 (if applicable).

Gather all supporting documentation – please refer to Section 4.

Ensure all account signatories have signed Section 9.

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 plc
FREEPOST (NWW2331A)
P.O. Box 50
Skelmersdale
WN8 6YL

good with money

Current accounts

Savings & investments

Payment cards

Internet banking

Corporate banking

Loans

Ethics as standard

*Live and learn – speak Italian, learn classical guitar, become
a screenwriter, take amazing photographs, master Thai cuisine...
learn something new at your local college learnirect.co.uk*

**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).

Co-operative Financial Services Limited, Registered Office: New Century House, Manchester M60 4ES.
Registered Number IP29379R.

Calls may be monitored or recorded for security and training purposes. Calls to 0800 numbers are free 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 are not available to anyone under 18 years of age.

The Co-operative Bank reserves the right to decline any application.