

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 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")
--	------------------

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, 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.

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 %

Name of Partner	Signature
Date	Partnership percentage %

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, 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 business account but has NO liability for your business/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 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:

**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

day month year

day month year

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/online 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"/>

Section 3

Banking requirements



Note:

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



Remember:

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



Note:

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



Note:

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



Note:

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



Remember:

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

Telephone security password (for account opening process)

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

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

Password

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

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

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

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

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

Pass number

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

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

Online Banking

If you would like the convenience of our Business Online Banking service please complete Section 10 of this form.

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

- have Windows 2000/XP/Vista, Mac OS X, or Adobe Reader 6.0
- have Internet Explorer 6.0 or later, Mozilla Firefox 2.0 and 3.0 or Apple Computers Safari 2.0 or later

Post Office® banking

Cash and cheques can be deposited at any Co-operative Bank branch. You will also be sent a supply of envelopes enabling you to post cheques to us direct. You may like to take advantage of our Post Office® banking facilities. If so, please complete the section below.

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

Name of Post Office

Address

Town

City

Postcode

Services required (tick as appropriate):

Deposit cash and/or cheques

Cash cheques

Note/coin change facility

How much

£

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

now go to Section 4 ▶

Document checklist

Sole Traders with an existing business bank account must provide:

- Your last 30 days' consecutive business bank statements.

Sole Traders with a newly established business must provide:

- Your last 30 days' consecutive personal bank statements OR business plan.

Partnerships with an existing business bank account must provide:

- Your last 30 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							
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							

- 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 30 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.

Section 5

Personal details Key Account Parties



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

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

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



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

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: 80%;" type="text"/>
Date of birth	Nationality	Position within business
<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
day	month	year
Individual's shareholding/stakeholding percentage <input style="width: 10%;" 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
<input style="width: 40%;" type="text"/>		<input style="width: 40%;" type="text"/>
		Account number
<input style="width: 60%;" type="text"/>		<input style="width: 40%;" type="text"/>

Home address		
<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>		
Postcode		Time at this address
<input style="width: 40%;" type="text"/>		<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
		years
		<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
		months

Previous home address (if moved within the last three years)		
<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>		
Postcode		Time at this address
<input style="width: 40%;" type="text"/>		<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
		years
		<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
		months

Home telephone number (including STD code)	Mobile telephone number
<input style="width: 45%;" type="text"/>	<input style="width: 45%;" 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: 95%;" type="text"/>	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" 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.



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

3

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

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

turn over ►

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

Who do you bank with?

Please quote your branch sort code and account number

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

Home address

Postcode Time at this address years months

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

Postcode Time at this address years months

Home telephone number (including STD code)

Mobile telephone number

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

Useful tip:

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



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.

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

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

turn over ▶

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: 95%; height: 20px;" type="text"/>	
Company registration number (if applicable) <input style="width: 95%; height: 20px;" type="text"/>	Business/organisation shareholding/stakeholding percentage <input style="width: 40%; height: 20px;" type="text"/> %
Registered address of business/organisation <input style="width: 95%; height: 20px;" type="text"/>	
Town <input style="width: 95%; height: 20px;" type="text"/>	
City <input style="width: 95%; height: 20px;" type="text"/>	Postcode <input style="width: 100%; height: 20px;" type="text"/>

Principal personnel of above named business/organisation

Title <input style="width: 95%; height: 20px;" type="text"/>	Forename (in full) <input style="width: 95%; height: 20px;" type="text"/>	Middle name <input style="width: 95%; height: 20px;" type="text"/>
Surname <input style="width: 95%; height: 20px;" type="text"/>		Any other name(s) you have been known as during the last six years <input style="width: 95%; height: 20px;" type="text"/>
Date of birth <input style="width: 20%; height: 20px;" type="text"/>	Nationality <input style="width: 40%; height: 20px;" type="text"/>	Position within business/organisation <input style="width: 95%; height: 20px;" type="text"/>
day	month	year
Business/organisation shareholding/stakeholding percentage <input style="width: 40%; height: 20px;" type="text"/> %		
Home address <input style="width: 95%; height: 20px;" type="text"/>		
Postcode <input style="width: 100%; height: 20px;" type="text"/>		
Time at this address years <input style="width: 20%; height: 20px;" type="text"/> months <input style="width: 20%; height: 20px;" type="text"/>		
Previous home address (if moved within the last three years) <input style="width: 95%; height: 20px;" type="text"/>		
Postcode <input style="width: 100%; height: 20px;" type="text"/>		
Time at this address years <input style="width: 20%; height: 20px;" type="text"/> months <input style="width: 20%; height: 20px;" type="text"/>		
Home telephone number (including STD code) <input style="width: 95%; height: 20px;" type="text"/>		Mobile telephone number <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 <input style="width: 95%; height: 40px;" type="text"/>	Date <input style="width: 95%; height: 20px;" type="text"/>
---	---

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.

Section 7

Personal details Other Signatories and Additional Named Individuals



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"/>		
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

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

2

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

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

3

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

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

4

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

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



Note:

ALL businesses must complete Section 9.

Any person who wants to be an account signatory **MUST** complete and sign Section 9.

Useful tip:

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

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE SECTION ENTITLED 'IMPORTANT INFORMATION' INCLUDING THE PARTS ABOUT CREDIT REFERENCE AND FRAUD PREVENTION AGENCIES IN SECTION 1 AT THE BEGINNING OF THIS APPLICATION FORM AND IN THE TERMS AND CONDITIONS (USING AND SHARING YOUR INFORMATION) AND ALSO 'KEEPING YOU INFORMED' BELOW THE SIGNATURE BOX. BY SIGNING THIS APPLICATION YOU AGREE WE CAN USE YOUR INFORMATION IN THIS WAY.

SECTION 1: IMPORTANT INFORMATION.

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



Title _____ Surname _____ Position _____	Forename(s) _____	Signature _____
Title _____ Surname _____ Position _____	Forename(s) _____	Signature _____
Title _____ Surname _____ Position _____	Forename(s) _____	Signature _____
Title _____ Surname _____ Position _____	Forename(s) _____	Signature _____
Title _____ Surname _____ Position _____	Forename(s) _____	Signature _____

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:

now go to Section 10 ►

For Bank use only

Sort code

____ - ____

Date

____/____/____

day month year

Account number

Bank stamp



Note:

ALL businesses must complete Section 11.

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



Remember:

If you answer 'yes' to any of the questions in Section 11, 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
Position	
Full name of organisation	
Account number	
Date	

now go to Section 12 ►

**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)/2/3/4/5/7/8/9/10/11**.
 If you are a Limited Company or Limited Liability Partnership you need to complete:
 Sections **1(Part B)/2/3/4/5/6/7/8/9/10/11**.
 If you are a Co-operative or any other type of organisation you need to complete:
 Sections **1(Part B)/2/3/4/5/6/7/8/9/10/11**.
- Section 1
 - Section 2
 - Section 3
 - Section 4
 - Section 5
 - Section 6
 - Section 7
 - Section 8
 - Section 9
 - Section 10
 - Section 11
- Ensure two Key Account Parties have read, completed and signed Section 1.**
 - Complete the separate Business Switching Form** (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

Online 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, 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.

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.