

Business Internet Banking

Application form

Use of your information

Your information: It is essential you read carefully the condition 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 the condition.

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 which is provided to us and/or the credit reference agencies about you and anyone with whom you are linked financially may be used by us or the group and other companies or organisations if credit decisions are made about you or anyone with whom you are linked financially or other members of your household.

This information may also be used for debt tracing and the prevention of money laundering as well as the management of your account(s). In addition, we will ask you to provide physical forms of identification and/or we may telephone you to confirm your identity. To prevent or detect fraud or to assist in verifying your identity we may make searches of group records 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 we suspect fraud, we will record this. 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.

Should you require any assistance when completing your forms please contact Computer Banking Services on 0870 241 8532*.

Please use **BLOCK CAPITALS** only. Please complete all relevant sections.

Business/organisation name

Full name of business/organisation

Main account details

Name of account

Branch

Branch sort code

Account number

Communication address

Name and address to which all communications for this service are to be sent

Title

Forename(s)

Second initial(s)

Surname

Address

Town

County

Postcode

Telephone number (inc. STD code)

Day

Evening

Email address

Fax number

Declaration and your consent

Declaration: I/We request that The Co-operative Bank registers me/us for the Business Internet Banking service and I/we are authorised signatories and confirm that I/we have read and agree to the terms and conditions of the Business Internet Banking service. By signing this agreement, I/we confirm that the information captured in this application form is correct.

Your consent: It is important that you read and understand the section entitled, Your information, (including the parts about credit reference and fraud prevention agencies) at the beginning of this application form and in the terms and conditions (Using and Sharing your Information). By signing this application you agree that we can use your information in this way.

NB. Any of your authorised users, acting alone, will be permitted to use Business Internet Banking and make transactions on your behalf regardless of any different signing instructions or authority on your account mandate held by the bank. This is a condition of the Business Internet Banking service. Your users will be able to see details of all your accounts that are linked on our systems when using Business Internet Banking.

To be signed in accordance with your account mandate.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Account signatories and authorised Internet Banking users

Please set up the following authorised signatories with access to Business Internet Banking.

1		
Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Signature	
<input type="text"/>	<input type="text"/>	
Email address	Date	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

2		
Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Signature	
<input type="text"/>	<input type="text"/>	
Email address	Date	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

3		
Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Signature	
<input type="text"/>	<input type="text"/>	
Email address	Date	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

4		
Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Signature	
<input type="text"/>	<input type="text"/>	
Email address	Date	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

5		
Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Signature	
<input type="text"/>	<input type="text"/>	
Email address	Date	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

What to do next

Return completed form to:

Computer Banking Services, FREEPOST NAT5915, The Co-operative Bank p.l.c., Delf House, Southway, Skelmersdale WN8 6ZX.

For bank use only

User name	<input type="text"/>
User ID	<input type="text"/>
User name	<input type="text"/>
User ID	<input type="text"/>
User name	<input type="text"/>
User ID	<input type="text"/>
User name	<input type="text"/>
User ID	<input type="text"/>
User name	<input type="text"/>
User ID	<input type="text"/>

Application received date
D D M M Y Y Y Y

Business Internet Banking reference number

Name

I can confirm that the application form has been fully completed and in accordance with the account mandate has been checked and signed by the customer.

Signature

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.

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

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).

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