

Application Form and Mandate for a Business Account

Please complete this form in BLOCK CAPITALS and black ink and return it to: **Cater Allen Private Bank, 9 Nelson Street, Bradford, BD1 5AN** in the pre-paid envelope provided. If you need any help to complete this form please call us on **0800 092 3300**.

For CAPB completion only

Marketing Code

For Action by Professional Adviser only

Master Account Number

Account Number Allocated

Any information section not completed will be interpreted as though there is no information to input.

PART 1

CHOOSE WHICH ACCOUNT(S)

Are you: Partnership Limited Liability Partnership Sole Trader Other
(Please tick as appropriate) Limited Company

Please tick which Account(s) you wish to apply for, indicate the amount to be deposited, and if a cheque or paying-in book and/or VISA Deferred-Debit Card are required. Also if you would like Internet Banking Passwords to be issued to all Authorised Signatories.

Reserve Account

(minimum £5,000 or equivalent per currency)

		Chequebook	Paying-in Book	Debit Card	Internet Banking
<input type="checkbox"/> £ STERLING	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> € EURO	€			<input type="checkbox"/>	
<input type="checkbox"/> \$ US DOLLAR	\$			<input type="checkbox"/>	

Corporate Account

(minimum £5,000)

£ STERLING £

Asset 30 Account

(minimum £5,000)

£ STERLING £

A cheque is required made payable to the Name that you wish your new Account to be in. No cash, postal orders or third party cheques accepted.

Term Deposit

(minimum £50,000)

£ STERLING £

I would like Internet Banking access (All Accounts will appear within Internet Banking)

The option to open a Term Deposit is restricted to the electronic transfer of funds only.

Please note that only fully transactional Sterling accounts requiring a single signature to transact have full Internet Banking functionality. All other accounts will have View Only access.

Please Note – Qualification for VISA Deferred-Debit Cards:

- Limited Companies must have been registered with Companies House for over 6 months to qualify.
- To qualify on either the Reserve or Corporate Account we require you to maintain an average balance of £5,000 for 6 months or to provide us with copies of equivalent Bank Statements from another Bank.

If you requested a Debit Card, it will be sent to you when the funds are clear on your Account.

PART 6**ASSET 30 INCOME FACILITY**

If applying for an ASSET 30 please complete the section below.

If the balance of your Account is over £10,000 and you would like to receive your interest as Monthly Income, please give details below.

Account Number

Account Name

Name of Bank or Building Society

Branch Address

Branch Postcode

Bank Sort Code --

PART 7**TERM DEPOSIT ONLY**

If applying for a Term Deposit please complete the details below.

Please select Term required

- 1 week 2 weeks 3 weeks 1 month
 2 months 3 months 6 months 1 year

Other (please state)

Would you like us to automatically rollover your Term Deposit at maturity into a new Term Deposit for the same Term and the same Deposit? Yes No

If **Yes**, would you like us to include your interest in your new Term Deposit? Yes No

If **No**, please complete this section with the details of the Account where you wish your interest to be paid to at the end of each Term. (UK Accounts only).

Account Name

Account Number

Bank Name and Address

 Postcode

Sort Code --

PART 8**PROFESSIONAL ADVISER'S DETAILS**

Have you been introduced by a Professional Adviser? Yes No If **YES**, are they still your Professional Adviser Yes No

If **YES**, please complete the details below. If **NO**, go to PART 9.

Name of Company

Address

 Postcode

Telephone Number

Contact Name

Email Address

Limited Company/Limited Liability Partnership

I/We certify that at a meeting on the Board of Directors/Partners passed a Resolution to open an Account with Cater Allen Private Bank and that Resolution has been duly recorded in the minute book.

I/We, (the 'Account Holder')

being a Limited Company/Partnership/Sole Trader/Limited Liability Partnership/Unlimited Company hereby apply to open an Account ('the Account') with Cater Allen Private Bank ('the Bank') on the published Terms and Conditions thereof ('the Conditions') and in accordance with the Mandate below which shall remain in effect until a new Mandate is executed, and which we understand and accept and hereby request and authorise the Bank:

- (a) To honour and comply with all cheques drawn on our behalf and debit such cheques to the Account;
- (b) To honour and comply with all instructions for withdrawal from the Account;
- (c) To collect for credit to the Account, all instruments endorsed on behalf of the Account Holder as named above.

PROVIDED that such cheques, instructions or endorsements are signed by any ONE of the Authorised Signatories (compulsory where cards are issued on the Account) or indicate number of signatories signed on our behalf by any one of the Authorised Signatories (compulsory where cards are issued on the Account), or complete below as appropriate.

All

Other, please specify how many

The Signatories appearing in Part 10 will be honoured whether the Account is in credit or debit.

Provided further that the Bank be furnished with a list giving the full names and specimen signature and documentary proof of name and home address of each of the persons referred to in Part 11, certified, where applicable, by the Chairperson and Secretary and that the Bank receives notice in writing of any change there may be or any further such list, in each case and the Bank may be assured that any Resolutions have not been amended or revoked until it receives notice in writing thereof.

I/We authorise the Bank to make enquiries and to take up references as it considers appropriate in connection with this application form and this authorisation is to remain effective until the Bank receives our written notification to the contrary.

I/We agree that any indebtedness or liability incurred to the Bank under this authority shall, in the absence of any express written agreement by the Bank to us, be due and payable on demand.

I/We shall, as and when necessary, supply to the Bank lists of current Directors/Partners and, if applicable, other officials authorised to sign, with specimen signatures in accordance with the current Mandate to operate the above Account.

Upon any Partners/Directors ceasing to be a member of the Company by death or otherwise, the Bank may, in the absence of written notice to the contrary from us treat the surviving continuing Partners/Directors for the time being as having full power to carry on the business of the Company and to deal with its assets as freely as if there had been no change in the Company.

I/We authorise the Bank to send copies of all statements issued in respect of the Account and to disclose details of that Account to our Professional Advisor as named on the original application, or their successors in title (unless advised to the contrary).

I/We acknowledge that my Professional Advisor may take a turn from the Bank in respect of the Account.

The Bank is hereby authorised to comply with all withdrawal instructions given by facsimile, providing that such instructions are signed in accordance with the current Mandate to operate the above Account. The Bank may act upon such instructions immediately and without further enquiry unless it has cause to be suspicious as to the nature and content of the request.

I/We understand that the Bank accepts no liability whatsoever in respect of any losses which may be suffered as a result of any fraud or negligent misuse of the banking services including telephone banking unless such loss occurs as a result of fraud or negligence on the part of the Bank or its employees or agents.

The above authority shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in our constitution (or name), and shall apply notwithstanding any change by death, bankruptcy, retirement or otherwise.

Changes to Signatories

I/We will not accept changes in Authorised Signatories without the express approval of the Chairperson/Treasurer/Registered Correspondent as listed in Part 10 of the Application Form or on receipt of the Deed of Variation or Amendment that supersedes the existing Mandate.

Closure of Account

I/We will not accept notification of closure of this Account unless it is authorised by the correct signatories as detailed on the valid Mandate that is in existence at that point in time.

Data Protection Statement

Explanatory Note: If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

This statement relates to the information I have given in this application and to any other information which I provide to you (Cater Allen Private Bank) or which you hold on me. I confirm that I am entitled to disclose information about any parties named on the application form.

Whether or not I become a customer, all the information I give to you or you hold on me as a personal or business customer, including transactional data, may be shared with and used by Abbey National plc (Abbey) group companies, your associated companies, service providers or agents who may be located in other countries. I understand that you will ensure that my information is only used in accordance with your instructions and your own strict internal confidentiality policies. If you transfer my information to another country, you will also ensure that it is given the same levels of protection as required under the UK Data Protection Act.

I agree that my information may be used in this way for administration purposes and to provide and run the Account or service I have applied for and to develop and improve your products and services. I understand that you may invite me to take part in market research surveys carried out by post or telephone by market research organisations on behalf of you, other Abbey group companies and other organisations. If I would prefer not to receive up to date information on other products and service from Cater Allen Private Bank, I can tick this box.

I am a Customer dealing directly with Cater Allen Private Bank

I understand that Cater Allen Private Bank may identify and advise me by post and telephone, of products and services which you think may interest me. If I do not want to receive marketing from Cater Allen, I can tick this box.

Unless I have indicated otherwise, by continuing with this application, I consent to you contacting me via any of the channels above. I understand that I may receive details of products and services from other Abbey group companies, if I have agreed to receive marketing from them directly.

I have been Introduced to Cater Allen Private Bank via an Intermediary

I understand that Cater Allen Private Bank will not use my information for marketing purposes. However, I understand that I may receive details of products and services from other Abbey group companies, if I have agreed to receive marketing from them directly.

For all Cater Allen Private Bank Customers

Before you can open this Account, you will check my details with Fraud Prevention Agencies, and may make searches at Credit Reference Agencies who will supply you with information including information from the Electoral Register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. A record of this process will be kept that may be used to help other companies to verify my identity. If I give you false or inaccurate information and fraud is identified, details will be sent to Fraud Prevention Agencies. Law Enforcement Agencies may access and use this information.

You and other organisations may search and use the records held by Credit Reference and Fraud Prevention Agencies about me and my Financial Associates or Partner/Spouse and others in my household, to prevent crime, fraud and money laundering and for example:

- to check details provided on applications for credit and credit related or other facilities
- to verify my identity if I or my Financial Associate applies for other facilities
- to help make decisions about credit and credit related services, insurance proposals and claims, and all types of facilities for me, my Financial Associate or Partner/Spouse and other members of my household
- to check the operation of credit and credit related Accounts and to manage Accounts and facilities, including tracing debtors and recovering debt
- to help make decisions about job applicants and employees
- to undertake statistical analysis and system testing.

You and other organisations may search and use from other countries the information recorded at Fraud Prevention Agencies. Further information on the Credit Reference Agencies and Fraud Prevention Agencies you use is available by telephoning your Agents on 0800 092 3300. You may also give essential information about my Account and cards (if any) to others if necessary to run my Account and for regulatory purposes. If I have cards on this Account, I understand that information relating to financial transactions carried out by use of my cards on my Account may be given to the payment system, VISA, under which you issue my cards, who may transfer the information overseas to process the transactions, to resolve disputes and for statistical purposes. Information about me will be kept after my Account is closed. I understand I have the right to see certain records you hold about me by applying in writing to:

The Data Protection Compliance Team (AHM G69)
Abbey National plc
Abbey House
201 Grafton Gate East
Milton Keynes
MK9 1AN

A fee will be charged for the provision of this information. Please see Banking Tariff for details.

Reserve or Corporate Account Applications Only

You may make any enquiries relating to me and my business that you consider necessary (e.g. from another financial institution) and search the files of Credit Reference Agencies, which will keep a record of each search. This could impact on my ability to obtain credit elsewhere within a short period of time. Details about this application (whether or not it proceeds) may be recorded at the Credit Reference Agencies.

An association between joint applicants or between myself and any named Partner/Spouse will be created at the Credit Reference Agency. This will link our financial records, each of which will be taken into account in all future applications by either or both of us. If an association already exists then my application will be assessed with reference to these associated records. This situation will continue until one of us successfully files a disassociation at the Credit Reference Agency.

Details about me and the conduct of this Account may also be passed to Credit Reference Agencies. When appropriate, the Credit Reference and/or Fraud Prevention Agencies will also record details of my agreement with you, the payments I make under it and any default or failure to keep to its terms and any deliberate non-payment following a change of address without notice.

By signing this Application Form we agree that we have read and understand the Account Mandate and Declaration and we agree that our Personal Details are correct, and hereby confirm the validity of the Authorised Signatories in Part 10.

Personal Details –
Part 12 (Please tick
when completed)

SIGNATURES OF CHAIRPERSON/DIRECTOR/PARTNER AND OR SECRETARY

a) Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
b) Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	

Note: The Chairperson/Director cannot act as the Secretary at the above meeting.
This must be signed by two separate Directors/Chairpersons or a Director/Chairperson and Secretary.

SIGNATURES OF PARTNERSHIP AND LIMITED LIABILITY PARTNERSHIP ONLY

c) Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
d) Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
e) Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
f) Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
g) Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
h) Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	

SIGNATURE OF SOLE TRADER ONLY

j) Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	

If you are a Chairperson/Treasurer/Registered Correspondent and or an Authorised Signatory on the Account then please ensure that Part 9 – Authorised Signatories along with Part 12 – Personal Details are completed.

PART 10

AUTHORISED SIGNATORIES

The following Authorised Signatories wish to open an Account ("The Account") with Cater Allen Private Bank ("The Bank") in accordance with the published conditions, which we acknowledge having received and to which we agree to be bound.

By signing this Application Form we agree that we have read and understood Part 9 the Account Mandate and Declaration and agree that our Personal Details are correct.

Personal Details –
Part 12 (Please tick
when completed)

1. Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
2. Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
3. Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
4. Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
5. Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	
6. Full Name	<input type="text"/>	Position	<input type="text"/>	<input type="checkbox"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>	

If you are a Chairperson/Treasurer/Registered Correspondent and or an Authorised Signatory on the Account then please ensure that you complete Part 12 – Personal Details.

Professional Advisers who are FSA regulated may supply a Confirmation of Verification of Identity Certificate (also known as Money Laundering Certificate) for each named customer provided that it is fully completed and is of a sufficient quality that any ID information can be reconstructed at a later date.

PLEASE PROVIDE THE FOLLOWING RELEVANT BUSINESS EVIDENCE.

Sole Trader

Please tick to indicate which ONE from the list you have provided.

- Inland Revenue Certificate
- Customs and Excise / VAT Certificate
- Cheque drawn on the Trading As Name

Please tick to indicate which ONE from the list you have provided.

- Recent Utility Bill or Statement in the name of the Business for the Business Premises
- Extract from the Business' official website
- Current Business Letterhead or Company Letterhead

Limited Liability Partnership:

Please tick to indicate which ONE from the list you have provided.

- Recent Utility Bill or Statement in the name of the Business for the Business Premises
- Extract from the Business' official website
- Current Business Letterhead or Company Letterhead

Partnership or Unincorporated Business:

Please tick to indicate which ONE from the list you have provided.

- Inland Revenue Certificate
- Customs and Excise / VAT Certificate
- Cheque drawn on the Trading As Name

Please tick to indicate which ONE from the list you have provided.

- Recent Utility Bill or Statement in the name of the Business for the Business Premises
- Extract from the Business' official website
- Current Business Letterhead or Company Letterhead

Limited Company:

No documentary evidence is required, however if the Directors/Secretary details have recently changed, copies of Forms 288A/B/C or Forms 10/12 should be supplied as appropriate.

Please note that:

You must not send to us originals of the documents. This is due to the dangers of postal interception and fraud and is for your own protection.

PART 12 PERSONAL DETAILS FOR ALL CHAIRPERSON/DIRECTOR/TREASURER/PRINCIPAL CONTROLLER/SHAREHOLDER WITH OVER 25% CAPITAL/ SECRETARY AS WE AS ALL OPERATORS/AUTHORISED SIGNATORIES AND SETTLORS OF THE ACCOUNT

In order to ensure that our information is always up to date and to comply with Anti Money Laundering Regulations please complete the form below. In some circumstances we may not be able to process this request without this information. If this application form does not provide you with enough space for everyone's Personal Details, please photocopy this section of the form and complete for each additional person then attach all relevant pages to this application.

Please tick appropriate box/es and quote your Signature Reference.

Existing Customer Existing Account Number New Customer
 Director Chairperson Treasurer Principal Controller Shareholder Partner Secretary
 Authorised Signatory Settlor
 Your Signature Reference Number e.g. 1 or 2 (Please refer to Part 9 and 10)

Title (e.g. Mr/Mrs/Miss/Ms/Other)
 First Name
 Middle Name(s)
 Surname

Home Telephone no.
 Mobile Telephone no.
 Business Telephone no.
 Email Address

Previous Surname/Other name you use(d)

Previous Address if less than three years at address shown above (If more than one address, please provide details of all other addresses on a separate sheet)

Gender Male Female

Previous Home Address

 Postcode

Mother's Maiden Name

Nationality

2nd Nationality (if dual citizen)

Country of Residence

Date of Birth (Day/Month/Year) 1 9

How long did you live at this address? Years Months

Are you a Trustee of the Scheme? Yes No

Do you share a mail box? (e.g. block of flats) Yes No
 If yes we will make special arrangements should you need to receive cheque/paying-in book, pin/card by post.

Current Home Address (Permanent Residential Address)

 Postcode

Personal Banking Details:
 Name of Bank or Building Society

Country of Residence

Branch Postcode

How long have you been at your current home address?
 Years Months

Bank Sort code

Your Account Number

Account Name

How long have you been with your bank? Years Months

I confirm that I have enclosed Customer Identification in accordance with the Customer Identification Requirements Sheet

