

## LIMITED COMPANY APPLICATION FORM AND MANDATE

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

For action by Professional Adviser only

£ Sterling Master Account number	<input type="text"/>
£ Sterling Account number allocated	<input type="text"/>
€ Euro Master Account number	<input type="text"/>
€ Euro Account number allocated	<input type="text"/>
\$ US Dollar Master Account number	<input type="text"/>
\$ US Dollar Account number allocated	<input type="text"/>

### 1 Which account(s) are you applying for?

Applicant to complete

Are you (please tick as appropriate):

Public Limited Company ☐ Private Limited Company ☐  
(not including listed PLCs)

Hereafter known as the 'organisation'.

Please let us know the account(s) you would like to open, by ticking the relevant box. Tell us the amount you would like to deposit as an opening balance, and in which currency. Then decide whether you would like a chequebook, paying-in book(s) and/or VISA Deferred-Debit Card.

Reserve Account <sup>1</sup> (minimum £5,000 or equivalent per currency)	Chequebook	Over the counter Paying-in Book	Postal deposit Paying-in Book	Debit Card <sup>3</sup>
<input type="checkbox"/> £ Sterling    £ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> € Euro    € <input type="text"/>				<input type="checkbox"/>
<input type="checkbox"/> \$ US Dollar    \$ <input type="text"/>				<input type="checkbox"/>
Asset 30 Account <sup>1</sup> (minimum £5,000)		Over the counter Paying-in Book	Postal deposit Paying-in Book	
<input type="checkbox"/> £ Sterling    £ <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Business Notice Account 95 <sup>1</sup> (minimum £25,000)		Over the counter Paying-in Book	Postal deposit Paying-in Book	
<input type="checkbox"/> £ Sterling    £ <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### Internet Banking<sup>2</sup>

**Please do not tick the following box if you already have Cater Allen Internet Banking access.**

I would like Internet Banking access (all accounts will appear within Internet Banking): ☐

(For notes, please refer to page 10.)

## 2 Please tell us your organisation's details

Applicant to complete

We can only consider your application if all fields within this section are completed.

If your organisation is an existing account holder, please tell us your account number with us.

What name would you like to be shown on the new account?  
This name must reflect or include the organisation name or trading name.

This is the name that will appear on chequebooks and paying-in books where applicable. There is room for a maximum of 22 characters per line.

Contact name

Position in organisation

Name of organisation, as well as trading name and/or registered corporate name if these are different.

Nature/purpose of the organisation  
(please list the main activities that the business is involved in).

A brief description of the organisation's activities.

Who do you provide services to, or do business with (e.g. general public, UK companies, overseas companies etc)?

In which country(ies) are your customers based?

In which country is your organisation established/registered (if not the UK)?

Registered office address (this information must match Companies House records).

Postcode

Principal trading address (if different to registered address).

Postcode

Address for correspondence (if different to registered/trading address).

Postcode

Registered number

Business telephone number (if applicable)

Mobile (if applicable)

Business fax (if applicable)

Email (if applicable)

Standard Industry Classification (S.I.C.) code if known.

Where do you expect deposits/payments to come from (please tick all that apply):

Trading ☐ Salary generated from business ☐

Transfer from other accounts in your name ☐ Other ☐

If 'Other', please state

Please confirm the source of wealth (please tick all that apply).  
Please note that in some circumstances we may be required to revert to you for corroboration of this information.

Trading ☐ Other ☐

If 'Other', please state

What will this account be used for?

Savings ☐ Current/Trading ☐

Other ☐

If 'Other', please state

Anticipated overall business turnover

£  per annum

Anticipated activity through this account

£  per annum

### 3 Visa Business Deferred-Debit Card

Applicant to complete

As VISA Cards operate on a single signature, they are only available where the Account Mandate (section 8) allows for **all** transactions to be signed by **any one** of the Authorised Signatures. Please note: maximum of **two** cardholders allowed per account, and both must be a signatory on the account (please see section 10 – Authorised Signatories). Please complete the section below.

#### First cardholder

Name of individual cardholder

Please tick which account the card is for. If it is the Reserve Account, also confirm the currency:

Corporate Account ☐ Reserve Account ☐

£ Sterling ☐ € Euro ☐ \$ US Dollar ☐

#### Second cardholder

Name of individual cardholder

Please tick which account the card is for. If it is the Reserve Account, also confirm the currency:

Corporate Account ☐ Reserve Account ☐

£ Sterling ☐ € Euro ☐ \$ US Dollar ☐

### 4 Taxation status

Applicant to complete

Is the account eligible for gross interest? (please tick as appropriate)

Yes

☐

No

☐

### 5 Asset 30 Account and Business Notice Account 95 Income Facility

Applicant to complete

Complete this section if you are applying for an Asset 30 Account or Business Notice Account 95 and wish for the interest to be swept into another account as monthly income.

Sort code

Account number

Account name

Name of Bank or Building Society

Branch address

Postcode

### 6 Details about your Professional Adviser

Applicant to complete

Were you introduced to Cater Allen by a Professional Adviser?

Yes ☐ No ☐

If 'Yes', please complete the details below. If 'No', go to section 7.

Name of Professional Adviser

Address

Postcode

Telephone

Contact name

Email

## 7 Applicant details

Applicant(s) to complete

In order to ensure that the Bank's information is always up to date, and to comply with Anti-Money Laundering Regulations, we are required to identify and verify all applicants for accounts, as well as certain other parties to the relationship. If you are included in the list below, please complete section 7. 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 the personal details of all required parties, please photocopy this section of the form or visit our website to download the "Additional Applicant Form" (<http://www.caterallen.co.uk/business-banking>). Then complete for each additional person and attach all relevant pages to this application.

**Required Parties:** Main Applicant, Joint Applicant(s), Attorney, Signatory, Major share-holder/partner (25% or more), Settlor/Donor (Trust Accounts), Trustee(s) (Trust Accounts), Trust Beneficiary(s) (Trust Accounts).

## First applicant

Existing customer ☐ New customer ☐

Existing account number (if applicable)

Which of the following are you? Please tick the appropriate boxes.

Authorised Signatory ☐ 25%+ Shareholder ☐

If you are a 25%+ Shareholder then please tell us what % you hold:

 %

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Other ☐ If 'Other' please state

Forename(s)

Middle Name(s)

Surname

Any other name you have been, or are, known by

Date of birth

Male ☐ Female ☐

Nationality

Do you have dual nationality?

Yes ☐ No ☐

If 'Yes' please specify which country

Current home address (permanent residential address)





Postcode

Country of residence

How long have you been at your current home address?

Years   Months

Previous home address if less than three years at address shown above





Postcode

How long did you live at this address?

Years   Months

We can only progress your application if you provide your address history for the last **three years**. Please provide details of all other addresses on a separate sheet.

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 chequebook, paying-in book, and other items which should be kept secure, such as identification codes.

Telephone (day)\*

Telephone (eve)\*

Mobile\*

\*You must provide at least one telephone number.

Email

I confirm that I have enclosed customer identification in accordance with the Cater Allen Customer Identification Requirements Sheet (Please see section 12) ☐

or

I confirm that a Confirmation of Verification of Identity Certificate (CVIC) is being supplied (Please see section 12) ☐

If you are, a 25%+ Shareholder, and are not an Authorised Signatory, then please sign the following statement.

I agree that I have read and understood the Data Protection Statement in section 9 of this Application Form, and agree that my personal details above are correct.

Full name



Signature




Date

## Further applicant

Existing customer ☐ New customer ☐

Existing account number (if applicable)









Which of the following are you? Please tick the appropriate boxes.

Authorised Signatory ☐ 25%+ Shareholder ☐

If you are a 25%+ Shareholder then please tell us what % you hold:

 %
Mr ☐ Mrs ☐ Ms ☐ Miss ☐Other ☐ If 'Other' please state 

Forename(s)

Middle Name(s)

Surname

Any other name you have been, or are, known by

Date of birth        Male ☐ Female ☐

Nationality

Do you have dual nationality?

Yes ☐ No ☐

If 'Yes' please specify which country

Current home address (permanent residential address)




Postcode

Country of residence

How long have you been at your current home address?

Years   Months  Previous home address if **less than three years** at address shown above



Postcode

How long did you live at this address?

Years   Months  We can only progress your application if you provide your address history for the last **three years**. Please provide details of all other addresses on a separate sheet.

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 chequebook, paying-in book, and other items which should be kept secure, such as identification codes.

Telephone (day)\* Telephone (eve)\* Mobile\* 

\*You must provide at least one telephone number.

Email

I confirm that I have enclosed customer identification in accordance with the Cater Allen Customer Identification Requirements Sheet (Please see section 12)

☐

or

I confirm that a Confirmation of Verification of Identity Certificate (CVIC) is being supplied (Please see section 12)

☐

If you are, a 25%+ Shareholder, and are not an Authorised Signatory, then please sign the following statement.

I agree that I have read and understood the Data Protection Statement in section 9 of this Application Form, and agree that my personal details above are correct.

Full name



Signature

Date









If this application form does not provide you with enough space for the personal details of all required parties, please photocopy this section of the form or visit our website to download the "Additional Applicant Form" (<http://www.caterallen.co.uk/business-banking>). Then complete for each additional person and attach all relevant pages to this application.

## Private Limited Company/Public Limited Company

I/We confirm that a meeting has taken place and the Board of Directors/Partners/Designated Members 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 Private Limited Company/Public Limited 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'), which we acknowledge having received and to which we agree to be bound and any subsequent amendments which the Bank may inform us of from time to time, 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 our Authorised Signatories as detailed below (please complete and tick the appropriate boxes):

You can choose the number of signatories you wish to have on your account. Please tick only ONE of the boxes below.

Total number of Authorised Signatories to be held on this account:

(Please write only one number in this box)

**Please note that if any VISA Deferred-Debit cards are issued on the Account, then the Account must be set up so that only ONE signature is required to authorise any transaction.**

You can choose the number of signatories required to authorise any single transaction. Please tick any **one** of the boxes below.

☐ any one signature

☐ any two signatures

☐ more than two signatures, please specify how many

The instructions of the signatories appearing in section 10, when appearing in accordance with the current Mandate to operate the above account, 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 section 10, 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/Designated Members 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/Designated Members/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/Designated Members/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 in section 6 of this application form, or their successors in title (unless advised to the contrary). I/We acknowledge that my Professional Advisor may receive commission 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

The Bank will not accept changes in Authorised Signatories unless detailed on our appropriate Renewal Mandate form.

#### Closure of Account

The Bank 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.

### Providing you with information

I confirm that I am entitled to disclose information about any parties named on the application form. If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

### Using my personal information

Whether or not I become a customer, you may use all the information I give to you Cater Allen Private Bank, or you hold on me, including transactional data, to provide and run the account or service I have applied for. This includes information about the conduct (including details of transactions) of any account or policy that I have with you, a group company or an associated company. You may also use my information to help you develop and improve your products and services. You will keep information about me after my account is closed.

### Sharing my personal information

You may share my information for the purposes described in this statement with the group of companies to which you belong (the Santander group) and your associated companies, and with service providers or agents. These companies may be based in other countries. I understand that you will make sure that my information is only used in line with your instructions and your own strict policies on confidentiality. If you transfer my information to another country, you will also make sure that you give it the same levels of protection as needed under the UK Data Protection Act. You may also give essential information about my account and cards (if any) to others if needed to run my account and for regulatory purposes.

### My marketing preferences

- You may invite me to take part in market research surveys. If I don't want to be included in market research, I can tick this box: ☐

If I have been introduced to you via a Professional Adviser I understand that you will not use my information for marketing purposes (although I may still receive details of products and services from other Santander group companies if I have agreed with them to receive such information).

If I am a customer dealing directly with Cater Allen Private Bank you may identify and let me know by post, telephone or electronic media (including email and SMS) of products or services, which you think may interest me. (If I am aged over 18, when deciding whether to provide me with details of a credit product you may search the files of credit reference agencies who will not make a record of this search available to other lenders who search my file.)

If I don't want information on other products and services I can tick the following boxes. Please do not contact me:

by telephone ☐ by post ☐ by e-mail ☐  
by SMS (when available) ☐

Unless I have said otherwise, by continuing with this application I agree to you contacting me using any of the methods shown above.

I understand that I may receive details of products and services from other Santander group companies if I have agreed with them to receive such information.

### Credit reference agencies – Reserve and Corporate Account applications

I understand that when you assess this application, and any future increase in my credit or overdraft limit (this does not apply to those under 18), you will use the information for credit assessment, which may include credit scoring. You may make any enquiries relating to me and my business that you consider necessary (for example, from

another financial institution) and search the files of credit reference agencies at my business and home address, which will keep a record of each search. This could affect my ability to get credit elsewhere within a short period of time. Details about this application (whether or not it goes ahead) will be recorded at the credit reference agency. A financial link between joint applicants or between myself and any other person will be created at the credit reference agency. This will link our financial records, where each will be taken into account in all future applications by either or both of us. If I already have a financial association you will assess my application on this basis. This situation will continue until one of us successfully files for a 'disassociation' at the credit reference agency. You will also pass details about me, my business and how I run my account (if my application is successful) to credit reference agencies. When appropriate the credit reference agencies 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.

### Verifying my identity and fraud checks

Before you can open this account or set up my policy, in order to prevent or detect fraud you will check and share the information provided in this application or at any stage 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 false or inaccurate information is provided and fraud identified details will be passed 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 to prevent and investigate crime, fraud and money laundering and for example:

- to check details 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 undertake statistical analysis and system testing
- to manage credit and credit related accounts or facilities
- to recover debt
- to check details on proposals and claims for all types of insurance
- to check details of job applicants and employees

You may also search and use your internal records for these purposes.

You and other organisations may search and use from other countries the information recorded at fraud prevention agencies. I understand further information on the credit reference agencies and fraud prevention agencies you use is available by telephoning your Agents on 0800 092 3300.

### Cards on my account

If I have cards on this account, I understand that you may give information on transactions I have made using my cards on my account to any payment system under which you issue my cards (for example Visa or MasterCard), who may transfer the information overseas to deal with transactions, to resolve disputes and for statistical purposes.

### Access to my information

I understand I have the right to see certain records you hold about me if I pay a fee\* and I can get an information sheet (Subject Access Info Sheet) explaining my rights by calling 0800 092 3300.

\* Please see Banking Tariff for details.

The following Authorised Signatories wish to operate this account ("The Account") with Cater Allen Private Bank ("The Bank").  
By signing this Application Form we agree that:

- We have read and understand the Data Protection Statement, and agree that you can use our information as stated in the Statement.
- We have received and accept the Terms and Conditions of this account and agree to also be bound by any subsequent amendments advised to us by the Bank from time to time.
- Our Personal Information contained in section 7 of this Application is true and correct.

**Signature of third person**

Full name

[illegible][illegible]

## Position

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Signature

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D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Signature of fourth person**

Full name

[illegible][illegible]

## Position

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[illegible]

Signature

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D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

D	D	M	M	Y	Y	Y	Y
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The Financial Services Compensation Scheme (FSCS) is the UK's statutory fund of last resort for customers of financial services companies. This means that the FSCS can pay compensation to consumers and small businesses if a financial services company is unable, or likely to be unable, to pay claims against it. The FSCS is an independent body, set up under the Financial Services & Markets Act 2000 (FSMA).

All banks have to maintain records to help determine the eligibility of their customers under this scheme. To help us determine the eligibility status of your company under these regulations we need some additional information about your business. We may also need to contact you from time to time to make sure that this information is up to date.

Please complete section A OR B according to your organisation type (please do not complete both sections).

#### Section A.

All companies and other corporate bodies including limited liability partnerships (excluding unincorporated associations and mutuals):

Is your company deemed a **small company\*** under sections 382 & 383 of Companies Act 2006?

Yes ☐ No ☐

\*Under the Companies Act, a company is deemed to be small if it meets **two or more** of the following three criteria:

##### 1 Annual turnover

Companies: £6.5 million or less

Parent Companies: £6.5m net or less, or £7.8m gross or less

##### 2 Balance sheet

Companies: £3.26 million or less

Parent Companies: £3.26m net or less, or £3.91m gross or less

##### 3 Employees – 50 employees or less

There are additional qualification requirements; please refer to the Companies Act to see the full requirements, or alternatively speak to your accountant.

#### Section B.

All unincorporated associations and mutuals:

Please indicate whether your organisation has net assets of £1.4 million or less

Yes ☐ No ☐

A parent company's eligibility is established by aggregating its thresholds with those of its subsidiaries.

Charities and clubs should complete the above based on the way their organisation is legally constituted.

## 12 Documentation Requirements

Applicant to complete

### Documentation required for Verification of Personal Identity

If you have a Professional Adviser, who is FSA Regulated, they may supply a CVIC (Confirmation of Verification of Identity Certificate) for each named person on the Application / Renewal Mandate Form provided that it is fully completed and is of sufficient quality.

If you have a Professional Advisor who is NOT FSA Regulated, or if you do not have a Professional Advisor please supply documentation as per the accompanying Customer Identification Requirements Sheet for every person named on this Application. Please note: You must not send to us originals of the following valuable documents: Passport; Driving Licence; EEA member state ID card; Northern Ireland Voters Card. This is due to the dangers of postal interception and fraud and is for your own protection.

For non face-to-face applications such as this, UK Money Laundering Regulations require an additional "impersonation check" for each party being verified. This takes the form of one of the following:

- the provision of ID document copies, certified as "a true copy of the original" by an acceptable certifier (Bank Official, Lawyer, Accountant etc); or
- a payment of any amount (CHAPS or cheque) to the new account from a UK bank account in the name of the party(s) being verified; or
- a two-way letter sent to and received back from the party being verified, at the address we have been provided.

### Private Limited Company and PLC

No documentary evidence is required, however if the Directors/ Secretary/Designated Members details have recently changed, please supply copies of the appropriate Companies House forms.

## 13 Acceptance

Applicant(s) to complete

This Acceptance should be signed as follows:

- Private Limited Company – by 2 Directors or by 1 Director and the Company Secretary, or if there is no Company Secretary and only a Sole Director then the Sole Director must sign.
- PLC – by a minimum of 2 Directors or 1 Director and the Company Secretary

By signing this Application Form we agree that:

- We have read and understand the Data Protection Statement, and agree that you can use our information as stated in the statement.
- We have received and accept the Terms and Conditions of this account and agree to also be bound by any subsequent amendments advised to us by the bank from time to time.
- We confirm the validity of the Authorised Signatories in section 10.
- The information contained in this Application is true and correct.
- Cater Allen Private Bank is duly authorised to operate the Account(s).

### Signature of first person

Full name

Position

Signature

Date

### Signature of second person

Full name

Position

Signature

Date

## Notes

Applicant to read

- <sup>1</sup> If you are opening a Reserve Account, Asset 30 Account or Business Notice Account 95 and would like to make the initial deposit by cheque, it is required that the cheque is made payable to the name that you wish your new Account to be in. No cash, postal orders or third party cheques can be accepted.
- <sup>2</sup> 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.
- <sup>3</sup> If you request a Debit Card, it will be sent to you when the opening funds are available on your account.



**For CAPB completion only**

Marketing Code

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Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to register to receive correspondence in an alternative format please contact us on 0800 092 3300. For the hard of hearing and/or speech impaired please use the Typetalk service via 18001 0800 092 3300.

Cater Allen Private Bank is the name used for banking services provided by Cater Allen Limited. Registered Office: 2 Triton Square, Regent's Place, London, NW1 3AN. Registered in England number 383032. Authorised and regulated by the Financial Services Authority, except in respect of its consumer credit products for which Cater Allen Limited is licensed and regulated by the Office of Fair Trading. FSA registration number 178737. Cater Allen Limited is part of the Santander group. Cater Allen and the flame logo are registered trademarks. All deposits held with Cater Allen Private Bank are fully and unconditionally guaranteed by Santander UK plc. Calls may be recorded or monitored. [www.caterallen.co.uk](http://www.caterallen.co.uk). Telephone 0800 092 3300.