

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

PART 1

ABOUT YOUR ACCOUNT

Are you:

Partnership

Limited Liability Partnership

(please tick as appropriate)

Limited Company

Sole Trader

Please tick which account(s) you wish to apply for and indicate the amount to be deposited.

Reserve Account (minimum £5,000 or equivalent per currency)

(please tick)

£ STERLING

**Debit Card
Required**

**Cheque Book
Required**

**Paying In Book
Required**

€ EURO

\$ US DOLLAR

Corporate Account (minimum £5,000)

(please tick)

£ STERLING

Asset 30 Account (minimum £5,000)

(please tick)

£ 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)

(please tick)

£ STERLING

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

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.

CATER ALLEN
PRIVATE BANK

PART 2**YOUR ACCOUNT DETAILS**

Name to be shown on new account

(To appear on cheque book and paying-in book – 36 characters per line)

Contact name

Name of Business/Trading Name/Registered Corporate Name

Registered Trading Address*

Address for correspondence*

* For registered and correspondence addresses only
UK and BFPO addresses are acceptable. C/O and
PO Box addresses are not acceptable.

Registered number (for incorporated businesses only)

Business telephone number

Mobile telephone number

Email address

Type/nature of business

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

Your account number with us (if existing account holder)

What funds will you be opening the account with:

- Long Term Savings
 Salary
 Windfall
 First Invoice
 Other

If Other, please state

PART 3**VISA BUSINESS DEFERRED-DEBIT CARD**

If applying for a VISA Business Deferred-Debit Card please complete the section below.

Both Cardholders must be a signatory on the Account.

Name of individual Cardholder

Name of individual Cardholder

Please tick relevant currency:

- £ STERLING
 € EURO
 \$ US DOLLAR

Please tick relevant currency:

- £ STERLING
 € EURO
 \$ US DOLLAR

Please note: maximum of 2 cardholders allowed.

PART 4**CURRENT BANKING DETAILS OF BUSINESS**

Name of bank

Bank address

Postcode

Branch sort code

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Account number

Account Name

PART 5**TAXATION STATUS**

Is the account eligible for gross interest? Yes No
(please tick as appropriate)

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

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

Name of Company/Firm

Address

 Postcode

Telephone number

Contact name

Email address

Anticipated Business Turnover paAnticipated Turnover through this account pa

This information must be provided

Are you likely to require us to make regular CHAPS payments outwards? Yes NoFrequency Amounts Reason for regular outward payments **Destination:**Bank name and address Postcode **Recipient:**Account name Account number Sort code - - Are you likely to receive regular Sterling CHAPS payments on foreign payments inwards? Yes No

If yes, please give an indication of:

Frequency Amounts Reason for regular inward payments

Please provide details of any regular foreign payments you wish to make:

Frequency Amounts Reason Country

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 conditions thereof ('the Conditions') 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 to sign below:

number of authorised signatories to sign

of the signatories appearing at Part 11 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 chairman 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.

Where applicable upon any partners/directors ceasing to be a member of the Firm/director 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 Firm/Company and to deal with its assets as freely as if there had been no change in the Firm/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 adviser 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.

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 do not want my details to be passed to market research organisations, I can tick this box

I am a Customer dealing directly with Cater Allen

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

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 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 customers

Before you can open this account, you will check my details with fraud prevention agencies, and may make searches at credit reference agencies such as Experian and Equifax 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. The credit reference agencies will record details of the search whether or not the application proceeds but I understand this is not a credit check and will not be seen or used by lenders to assess my ability to obtain credit. 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 these records to prevent fraud and money laundering, for example:

1. To help make decisions about credit and credit related services, insurance proposals and claims and all types of facilities
2. To manage accounts and facilities, (including tracing debtors) and recovering debt
3. To help make decisions about job applicants and employees

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 that you use is available by telephoning your Client Advisors on 0800 0923300.

You may also give essential information about this account and cards (if any) to others if necessary to run this account and for regulatory purposes. Information about me will be kept after this 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.

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 you agree that you have read and understand the Declaration and Data Protection Statement.

LIMITED COMPANY and LIMITED LIABILITY PARTNERSHIP only

Chairman/Director

Director/Secretary

Full Name

Full Name

Signature

Signature

Note: The Chairman/Director cannot act as secretary to the above meeting (and this must be signed by two separate directors or a director and secretary).

PARTNERSHIP and LIMITED LIABILITY PARTNERSHIP only

Signature of ALL Partners

Full Name	<input type="text"/>	Full Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Full Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Full Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>

SOLE TRADER only

Full Name	<input type="text"/>	Signature	<input type="text"/>
Date (Day/Month/Year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>		

PART 11

AUTHORISED SIGNATORY(IES)

Full Name	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Signature	<input type="text"/>
Full Name	<input type="text"/>	Signature	<input type="text"/>

Third (continued)

Previous address if less than three years at address shown above
(if more than 1 address, please provide details of all other addresses
on a separate sheet)

Previous home address

Postcode

Country of residence

How long did you live at this address?

Years Months

Personal banking details:

Name of bank or building society

Branch postcode

Bank sort code

 - -

Your account number

Account Name

How long have you been with your bank?

Years Months

Fifth

Title (e.g. Mr/Mrs/Miss/Ms/Other)

First Name

Middle Name(s)

Surname

Previous Surname/Other name you use(d)

Gender Male Female

Mother's maiden name

Nationality

2nd Nationality (if dual citizen)

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

Current home address

Postcode

Country of residence

Fourth (continued)

Previous address if less than three years at address shown above
(if more than 1 address, please provide details of all other addresses
on a separate sheet)

Previous home address

Postcode

Country of residence

How long did you live at this address?

Years Months

Personal banking details:

Name of bank or building society

Branch postcode

Bank sort code

 - -

Your account number

Account Name

How long have you been with your bank?

Years Months

Sixth

Title (e.g. Mr/Mrs/Miss/Ms/Other)

First Name

Middle Name(s)

Surname

Previous Surname/Other name you use(d)

Gender Male Female

Mother's maiden name

Nationality

2nd Nationality (if dual citizen)

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

Current home address

Postcode

Country of residence

Fifth (continued)

How long have you been at your current home address?

 Years MonthsHome telephone no. Mobile telephone no. Business telephone no. Email address Position in Company (e.g. Director)
Previous address if less than three years at address shown above
(if more than 1 address, please provide details of all other addresses
on a separate sheet)

Previous home address

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

Country of residence

How long did you live at this address?

 Years Months**Personal banking details:**Name of bank or building society
Branch postcode Bank sort code Your account number Account Name

How long have you been with your bank?

 Years Months**Sixth** (continued)

How long have you been at your current home address?

 Years MonthsHome telephone no. Mobile telephone no. Business telephone no. Email address Position in Company (e.g. Director)
Previous address if less than three years at address shown above
(if more than 1 address, please provide details of all other addresses
on a separate sheet)

Previous home address

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

Country of residence

How long did you live at this address?

 Years Months**Personal banking details:**Name of bank or building society
Branch postcode Bank sort code Your account number Account Name

How long have you been with your bank?

 Years Months

To complete our verification procedures and to comply with anti-money laundering regulations, please enclose the relevant documents for proof of identification. **We cannot process your application without this information.**

Please enclose identity verification documents for **all of those whose details are part of this application, ie.** All partners or all 20%+ shareholders or all principal controllers over the company's assets AS WELL AS ALL AUTHORISED SIGNATORIES.

Each Applicant must supply 1 item from list 1 and 1 different item from list 2. Please tick the relevant boxes to show which items each applicant has provided. All documents supplied as proof of identity will be returned to you in due course.

List 1 – Name evidence

1st Applicant	2nd Applicant	3rd Applicant	4th Applicant	5th Applicant	6th Applicant		Original or Photocopy required
						Inland Revenue Tax Notification (no more than 12 months old)*	Original only
						Residence permit issued by Home Office to EU nationals	Original only
						Self-Employed construction industry certificate i.e. C1S4, C1S4(P), C1S5 and C1S6 (excludes C1S4(T))	Original only
						Shotgun or firearms certificate	Original only
						Current Full UK Driving licence (old or new style). Note – provisional licences are not acceptable unless they are photocards.	Photocopy only
						EEA member state ID card	Photocopy only
						Northern Ireland voters card	Photocopy only
						Current signed passport	Photocopy only

List 2 – Address evidence

1st Applicant	2nd Applicant	3rd Applicant	4th Applicant	5th Applicant	6th Applicant		Original or Photocopy required
						Recent utility bill or statement (no more than 3 months old)**	Original only
						Local authority tax bill (current year only)	Original only
						Bank, building society or credit card statement (no more than 3 months old) Must contain address in order to be used.	Original only
						Recent mortgage statement from a recognised lender (not Abbey).	Original only
						Solicitor's letter confirming recent house purchase	Original only
						Inland Revenue Tax Notification addressed to the applicant at the applicant's address (no more than 12 months old)*	Original only
						Current Full UK Driving licence (old or new style). Note - provisional licences are not acceptable unless they are photocards.	Photocopy only
						EEA member state ID card	Photocopy only
						Northern Ireland voters card	Photocopy only
						Records of a Home Visit (on an IVC from an FSA regulated Broker)	

Please note that:

You may not provide as proof of ID a statement from another Cater Allen Private Bank Account.

*Acceptable Inland Revenue Tax Notification – Notice of Tax Coding, Tax Assessment or Tax Statement.

** Mobile phone bills are not acceptable form of utility bill or statement.

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.

Professional Advisers – Professional Advisers who are FSA regulated may supply an IVC (identification verification 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.

IN ADDITION TO THE ABOVE PERSONAL IDENTITY EVIDENCE PLEASE PROVIDE THE FOLLOWING RELEVANT BUSINESS EVIDENCE.

Sole Trader

Proof of Trading Name (please tick the box to indicate which you have provided as proof)

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

Proof of Trading Address (please tick the box to indicate which you have provided as proof)

- 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:

Proof of Trading Address (please tick the box to indicate which you have provided as proof)

- 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:

Proof of Trading Name (please tick the box to indicate which you have provided as proof)

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

Proof of Trading Address (please tick the box to indicate which you have provided as proof)

- 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.

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 or by textphone on 0800 028 9333.

*Cater Allen Private Bank is the name used for private banking by Cater Allen Limited.
Registered Office: Abbey National House, 2 Triton Square, Regent's Place, London, NW1 3AN.
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Cater Allen Limited is one of the Abbey group of companies. All deposits held with Cater Allen Private Bank are fully and unconditionally guaranteed by Abbey National plc. Calls may be recorded or monitored.*

www.caterallen.co.uk

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