

Registered charity application form

To open an account (please complete all sections in full)

SECTION A

Your organisation details

Organisation name: _____

Legal status:

(i.e. company/trust/partnership/charity etc)

Registration number:

(as applicable)

Date established: _____

Registered address: _____

Postcode: _____

Country: _____

Address for correspondence: _____

Postcode: _____

Country: _____

Nature of business: _____

Number of years trading: _____

Website: _____

Contact name: _____

Position: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

SECTION B

Your clearing bank details

Bank name: _____

A/c number: _____

Sort code: _____

Address: _____

Postcode: _____

SECTION C

Your new account

Type of new account required (please tick as appropriate)

Charity Saver – Notice Accounts

6 months 1 year

Other _____

Opening balance

We wish to open a deposit account on the basis set out above with an initial deposit of

£: _____ by:

Cheque made payable to United Trust Bank Limited

CHAPS or BACS payment to:

Barclays Bank Plc

Sort Code: 20-65-63

Address: Edgware Road Branch

Account: United Trust Bank Limited

Account Number: 90927783

Ref: Please quote organisation name (as stated above)

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SECTION D

Authorised signatories to the account

Total number of signatories: _____

1.

Name: _____

Position: _____

Residential address: _____

Postcode: _____

Previous address: (if less than 3 years at above address)

Postcode: _____

Date of birth: _____

National Insurance number: _____

Specimen signature: _____

2.

Name: _____

Position: _____

Residential address: _____

Postcode: _____

Previous address: (if less than 3 years at above address)

Postcode: _____

Date of birth: _____

National Insurance number: _____

Specimen signature: _____

If there are more than four signatories, please provide the same information below on a separate sheet for each additional signatory.

3.

Name: _____

Position: _____

Residential address: _____

Postcode: _____

Previous address: (if less than 3 years at above address)

Postcode: _____

Date of birth: _____

National Insurance number: _____

Specimen signature: _____

4.

Name: _____

Position: _____

Residential address: _____

Postcode: _____

Previous address: (if less than 3 years at above address)

Postcode: _____

Date of birth: _____

National Insurance number: _____

Specimen signature: _____

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SECTION D (continued)

Signing arrangements

Please tick one box only.

Instructions to operate this account will require:

- Any one signatory All signatories
 Any two signatories Other (please specify)

SECTION E

Telephone, fax and email mandate

(Only complete if you require such authorisations)

1. United Trust Bank Limited is hereby authorised and requested to act on any instructions relating to the Account and such affairs or transactions arising therefrom generally by telephone/facsimile/email provided that such instructions are communicated by an agreed signatory in accordance with the signing arrangements as specified in Section D.
2. These instructions will not be authenticated by a security code agreed between us.
3. In consideration of your agreeing to these requests, we agree to indemnify you against all actions, proceedings, claims or losses, costs, charges or expenses in consequence of United Trust Bank Limited acting on instructions received by telephone/facsimile/email signed in accordance with our existing mandate.
4. We authorise you at your discretion to debit any of our accounts with the sums specified in payment instructions received by telephone/facsimile/email.
5. Unless specifically amended by this agreement the existing mandate given by us to United Trust Bank Limited remains in force. This authority and indemnity will continue in force until specifically withdrawn in writing by us. We understand that any such withdrawal will only come into effect two working days after you receive our withdrawal instructions.
6. This authority and indemnity shall be governed by and interpreted in accordance with the laws of England.

Please tick this box if you agree to the telephone, facsimile and email mandate above.

SECTION F

Information about additional services and products

From time to time we may wish to send you information about additional services and products that we offer. If you do not wish to receive such information in the future please tick this box.

SECTION G

Where did you hear about United Trust Bank?

Please choose one option from the list below:

- Personal recommendation
 United Trust Bank website
 Other website or search engine (please provide details)

Magazine/Newspaper (please provide details)

Other

SECTION H

Declaration

We agree to be bound by the General Terms and Conditions and any specific terms and conditions applying to this account. We authorise you to make any enquiries that you consider necessary to confirm the details on this form. The information provided on this application form is true to the best of our knowledge.

We hereby certify that the attached Resolution was duly passed and entered in the Minute Book of The Organisation and duly signed by the Chairperson/Managing Partner/Trustee* and that the information supplied on this Application Form and the Specimen Signatures records are correct. We confirm that we have received a copy of the Terms and Conditions for the Bank's business accounts in force from time to time and agree to be bound by these.

*delete as appropriate

Authorised signatory: _____

Date: _____

Authorised signatory: _____

Date: _____

Authorised signatory: _____

Date: _____

Authorised signatory: _____

Date: _____

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SECTION I

Resolution for companies, partnerships, trusts, charities and committees

At a meeting of the Directors/Partners/Trustees/Committee Members (delete as appropriate) of *Insert full name of organisation*

(the 'Organisation')

held on:

it was resolved that:

- United Trust Bank Limited are appointed as bankers to the Organisation and are hereby authorised to honour and comply with all cheques, drafts, bills, promissory notes, acceptances, negotiable instruments and orders expressed to be drawn, accepted, made or given on behalf of the Organisation at any time or times whether the account or accounts in question are overdrawn by any payment or in relation thereto are in credit or otherwise.
- the Bank be authorised to:
 - i. accept and comply with all agreements, indemnities and counter indemnities in connection with the issue of letters of credit, drafts, telegraphic transfers, purchase and sale of foreign currencies.
 - ii. act on any deposit or hypothecation of securities and documents of further belonging to the Organisation.
 - iii. act on any instructions relating to the account or accounts, affairs or transactions of the Organisation generally, and
 - iv. treat all bills, promissory notes and acceptances as being endorsed on behalf of the aforesaid and to discount or otherwise deal with the same provided they purport to be signed by the agreed signatories identified in the Bank's Business Application Form in accordance with signing arrangements specified in Section E thereof.
- statements and other communications regarding the account/ accounts be sent to the address set out in 'your Organisation's details' of the Bank's Business Application Form.
- the Bank be authorised to supply the Organisation's auditors with such information as may be requested from time to time.

- this Resolution shall remain in force until receipt by the Bank of a copy of a resolution rescinding of the same and in the meantime the Organisation do advise the Bank by letter signed by the Chairman/Managing Partner/Trustee* (delete as appropriate) for the time being of all changes which take place in the list of signatories and/or the signing arrangements relating thereto.
- a certified copy of this resolution together with the Rules/Constitution/Memorandum and Articles of Association/Regulations/Byelaws* (delete as appropriate) be furnished to this Bank forthwith.
- for trustees/partnerships only (delete if a company);
 - i. the Banks shall not be obliged to provide separate periodic statements of Account pursuant to 5.18J (2) of the Consumer Credit Act 1974.
 - ii. in the event of the death of a trustee/partner the Bank shall be authorised to hold any credit balances on any account or accounts in the name/joint name of the serving trustee(s)/partner(s) without prejudice to any right the Bank may have in respect of such balance or other property arising out of any lieu, charge, pledge set-off counter-claims or otherwise whatsoever and this Bank shall be authorised to take any step which it may deem desirable to take in view of any claim by any person other than the survivor(s).
 - iii. the Organisation shall indemnify the Bank fully in the event of any losses, claims or costs, which the Bank may suffer from accepting and enacting these Organisations' instructions in accordance with this mandate.
 - iv. any costs/claims or damages incurred by the Bank as a result of the operation of the account or accounts shall have been incurred from the benefit of the trustee(s)/partner(s) whose liability shall be joint and several for all purposes.

We hereby certify this to be a true copy extract of the minutes of the meeting of the Organisation held on:

Date:

Chairman/Managing Partner/Trustee (delete as appropriate)

Date:

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SECTION J

Verification of identity – to be completed by all clients

It is a statutory requirement for all financial services firms in the UK to confirm a client's identity and address to assist in the prevention of financial crime and fraud. As a result of these regulations we will only be able to open an Account for you once the required information has been included and the relevant documents have been provided. This section will help you to ascertain which documents are required.

Regulations require us to verify the identity of all signatories for each new account. All signatories **must** provide the **documents listed below**.

Signatories

One document from the following list **MUST** be provided to confirm the name of the account signatories. All parties should provide documentation.

- Full driving licence
- Passport
- Armed forces or national identify card (Police warrant card)
- Firearms certificate
- Inland revenue tax notification

Plus

One document from the following list **MUST** be provided in order to confirm the residential address of account signatories.

- Utility bill – excluding mobile phone bills (less than six months old)
- Council tax bill (current year only)
- Bank or building society account statement (less than six months old)
- Current mortgage statement

Charities must also provide

- List of Trustees
- Copy of the latest annual report and accounts
- Resolution of the charity authorising the opening of the account and conferring authority on those who are to operate it – see Section H

Do you need to send originals?

Certified copies of documents are acceptable. These must however be certified with the words 'Original seen – certified as a true copy of the original' by one of the following: Doctor, Teacher, Qualified Accountant, Lawyer, Banker, Minister of Religion or Postmaster. Certification must clearly include the certifying party's name, capacity, contact details, date of certification and be independent of the party concerned.