

Individual application form

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

SECTION A

Your details

Sole or joint applicant

Title: _____

Forenames: _____

Surnames: _____

Home address: _____

Postcode: _____

Country: _____

Telephone (home): _____

Telephone (business): _____

Mobile: _____

Fax: _____

Email: _____

Date of birth: _____

Place of birth: _____

Nationality: _____

Occupation: _____

National Insurance number: _____

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

Postcode: _____

Country: _____

Taxable status (please tick as appropriate)

Net Gross (please enclose R85 or R105 as appropriate)

Second joint applicant (if applicable)

Title: _____

Forenames: _____

Surnames: _____

Home address: _____

Postcode: _____

Country: _____

Telephone (home): _____

Telephone (business): _____

Mobile: _____

Fax: _____

Email: _____

Date of birth: _____

Place of birth: _____

Nationality: _____

Occupation: _____

National Insurance number: _____

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

Postcode: _____

Country: _____

Taxable status (please tick as appropriate)

Net Gross (please enclose R85 or R105 as appropriate)

Basic Rate Tax will normally be deducted at source from interest credited to the accounts of private individuals who are residents of the United Kingdom. If the account holder(s) is a UK resident and qualifies to receive interest gross, then a form R85 is required. If the account holder(s) is a non-UK resident then a form R105 is required.

If there are more than two joint applicants, please copy this page and provide the same details requested for the second applicant for the third and subsequent applicants.

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SECTION B

Your clearing bank details for interest payments or repayments

Bank name: _____

A/c number: _____

Sort code: _____

Address: _____

Postcode: _____

SECTION C

Your new account

Type of account required (please tick as appropriate)

Notice deposit

40 days 3 months 6 months

Other _____

Fixed deposit

3 months 6 months 1 year 2 year

3 year 5 year Annual interest payment required

Other _____

If you would like your annual interest to be paid to another bank, please ensure you complete your details in Section B above (for 2,3 and 5 year fixed only).

Opening balance

I/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 or yourself eg John Smith

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 full account(s) holder(s) name(s)

SECTION D

Joint accounts

We hereby request and authorise you:

a) to open a Deposit Account in our joint names;

b) to hold on the death of either of us any credit balance/s on any account or accounts in our joint names to the order of the survivor without prejudice to any right you may have in respect of such balance or other property arising out of any lien, charge, pledge, set-off, counter-claim or otherwise whatsoever or to any step which you may deem it desirable to take in view of any claim by any person other than the survivor;

c) pursuant to Section 185(2) of the Consumer Credit Act 1974, not to comply in our case with the need to provide separate periodic Statements of Accounts.

Tick the box if you would like a duplicate statement sent to each account holder.

We agree that any liability however incurred to you by us in these respects shall be joint and several. In the absence of contrary written instructions signed by both of us the foregoing conditions shall apply to each and every account of whatever nature now or hereafter opened by you in our joint names.

SECTION E

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

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SECTION F

Telephone, email and fax mandate

(Only complete if you require such authorisations)

I/We hereby request and authorise you 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 to United Trust Bank by an authorised signatory or signatories in accordance with the signing arrangements as specified in Section F.

These instructions will not be authenticated by a security code agreed between us.

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 acting on instructions received by telephone/facsimile/email signed in accordance with our existing mandate.

I/We authorise you at your discretion to debit any of our accounts with the sums specified in payment instructions received by telephone/facsimile/email. Unless specifically amended by this agreement the existing mandate given by us to United Trust Bank remains in force. This authority and indemnity will continue in force until specifically withdrawn in writing by us. I/We understand that any such withdrawal will only come into effect two working days after you receive our withdrawal instructions. 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 G

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 H

Signatures to the account and Declaration

I/We agree to be bound by the General Terms and Conditions and any specific terms and conditions applying to this account. I/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.

I/We hereby certify that the information supplied on this Application Form and the Specimen Signature(s) records are correct. I/We confirm that I/we have received a copy of the Terms and Conditions for the Bank's accounts in force from time to time and agree to be bound by these. Please complete a separate section for each account holder.

By signing this form, the depositor(s) agrees that United Trust Bank may verify their address details through relevant searches with any licensed reference agency and retain them under The Data Protection Act and the bank's common law duty of confidentiality.

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)

Sole or joint applicant

Name: _____

Signature: _____ Date _____

Second joint applicant

Name: _____

Signature: _____ Date _____

Third joint applicant

Name: _____

Signature: _____ Date _____

Fourth joint applicant

Name: _____

Signature: _____ Date _____

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SECTION I

Verification of identity

Regulations require us to verify the identity of all signatories for each new account holder. So that we can do this, please send us:

One of the following documents:

- Passport or full drivers licence
- Inland Revenue tax notification / letter from Pensions Office
- Firearms certificate
- Armed forces or national identity card (police warrant card)

And **one** of these documents:

- Utility bill – excluding mobile phone bills (less than 6 months old)
- Council Tax bill – current year only
- Bank or building society account or credit card statement
- Current mortgage statement

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.

We will take copies and return the originals to you.

Checklist:

Before you send us your application, please ensure the following are checked:

- All pages of application form are completed
- Two forms of ID per applicant are enclosed
- An R85/R105 are enclosed if applicable
- A signed cheque is enclosed or that Bank transfer arrangements have been made