

Business Mandate

Signatory changes

Please complete all sections in full

Section A

Your organisation's details

Organisation name: _____

UTB Account number: _____

Legal status: _____
(i.e. company/trust/partnership/charity/pension trustee etc.)

Registration number: _____
(as applicable)

Date established: _____

Nature of business: _____

Number of years trading: _____

Website: _____

Registered address: _____

Postcode: _____

Country: _____

Address for correspondence: _____

Postcode: _____

Country: _____

Contact name: _____

Position: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

Section B

Your nominated bank account (if changed, please provide a copy of a bank statement dated within 6 months)

Account name: _____

Account number: _____

Sort code: _____

Branch name: _____

Section C

Changes to the signatories and current signatory agreement

Signatories to be removed from the mandate:

1. _____

2. _____

3. _____

4. _____

Signatories to remain/be added to the mandate:

1. _____

2. _____

3. _____

4. _____

**We agree to the changes as set out in this document
(To be signed in accordance with the current mandate)**

Signature:

Signature:

Signature:

Signature:



Section D

Authorised signatories to the account (to be completed by new & remaining signatories)

Total number of signatories: _____

1.

Name: _____

Position: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

National Insurance number: _____

Residential address: _____

Postcode: _____

Tel No: _____

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

Postcode: _____

3.

Name: _____

Position: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

National Insurance number: _____

Residential address: _____

Postcode: _____

Tel No: _____

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

Postcode: _____

2.

Name: _____

Position: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

National Insurance number: _____

Residential address: _____

Postcode: _____

Tel No: _____

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

Postcode: _____

4.

Name: _____

Position: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

National Insurance number: _____

Residential address: _____

Postcode: _____

Tel No: _____

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

Postcode: _____

If there are more than four signatories, please provide the information on a duplicate sheet.



Section E

Signing arrangements (to be completed by new and remaining signatories)

Please tick one box only. Instructions to operate this account will require:

Any one signatory Any two signatories All signatories Other: _____

Please ensure the signature stays within the designated area.

Sole/First signatory

Signature:

Date: _____

Name: _____

If you are a new signatory, please provide your identity document details in the area below: (Please refer to Section G for guidance)

Document type: _____

Second signatory

Signature:

Date: _____

Name: _____

If you are a new signatory, please provide your identity document details in the area below: (Please refer to Section G for guidance)

Document type: _____

Third signatory

Signature:

Date: _____

Name: _____

If you are a new signatory, please provide your identity document details in the area below: (Please refer to Section G for guidance)

Document type: _____

Fourth signatory

Signature:

Date: _____

Name: _____

If you are a new signatory, please provide your identity document details in the area below: (Please refer to Section G for guidance)

Document type: _____



Section F

We agree to be bound by the General Terms and Conditions and any Additional Terms and Conditions applying to our account(s) or any other account we open with United Trust Bank Limited. We authorise you to make any enquiries that you consider necessary to confirm the details in this mandate. The information provided in this form is true to the best of our knowledge and the specimen signatures are correct.

We confirm that we have read 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.

In order to process your change of mandate, United Trust Bank Limited will perform an identity check on any individuals named in the application with one or more credit reference agencies ("CRAs"). To do this, United Trust Bank Limited will supply information to CRAs and they will give us information about the organisation and the individuals. CRAs will supply to us both public (including the electoral register) and shared credit, financial situation and financial history information and fraud prevention information.

United Trust Bank Limited will use this information to:

- Verify the accuracy of the data you have provided to us
- Prevent criminal activity, fraud and money laundering
- Verify the identity of The Organisation and the individuals

When CRAs receive a search from us they will place a search footprint on your credit file that may be seen by other lenders.

The identities of the CRA's, their role also as fraud prevention agencies, the data they hold, the ways in which they use and share personal information, data retention period and your data protection rights with the CRA's are explained in more detail within the Credit Reference Agencies Information Document (CRAIN). The CRAIN for the CRAs we use can be found at:

Call Credit: www.callcredit.co.uk/crain Equifax: www.equifax.co.uk/crain Experian: www.experian.co.uk/crain

If you do not have access to the internet or would prefer a paper copy, please contact us on 020 7190 5555.

We will also use your information in accordance with our Privacy Notice which has been previously provided to you.

A further copy can be found at www.utbank.co.uk/privacy-notice or contact the Data Protection Officer on 020 7190 5555.

Signed*

Date:

Name:

Position:

Signed*

Date:

Name:

Position:

* by either: two directors (where applicable) or;
two partners (Partnerships and LLPs) or;
two trustees (Trusts and pensions) or;
the business owner (sole traders);
two of the chairperson, secretary and treasurer (Clubs, Associations and Societies)



Section G

Verification of identity

Regulations require us to verify the identity of all account holders and signatories for each account. To do this we require a copy of an identity document from each new signatory being added to the account. The document must be one of the following:

- Valid Passport
- Valid UK Photocard Driving Licence
- HMRC tax notification dated within the last 12 months
- Department of Work & Pensions Communication dated within the last 12 months
- Valid Firearms Certificate
- Valid Armed Forces or National ID Card
- Police Warrant Card

Checklist:

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

- All pages of Business mandate form are completed
- A photocopy of each new signatory's ID is enclosed
- The agreement in Section C has been signed by the original signatories
- The mandate in Section D has been completed and signed by all remaining and/or new signatories
- If the nominated bank account details have changed, a photocopy of a bank statement dated within the last 6 months is enclosed.

