

Business Application (including Pensions)

Before you start to complete this application, please ensure:

- All named parties are aged 18 or over and are a UK resident
- Hold a transactional UK Bank account in the name of the organisation, where electronic payments can be made
- Where the organisation is incorporated, Companies House is up to date and reflects the information provided
- Where the organisation is unincorporated, you have provided an original or certified copy of the rules
- Where the organisation is a Pension you have provided an original or certified copy of the Trust Deed
- If required you are able to supply ID for all trustees, signatories and directors where applicable

Section A

Your organisation's details

Organisation name: _____

Trading name:
(as applicable) _____

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

Registration number:
(as applicable) _____

Date established: _____

Nature of business: _____

SIC Code:
(Standard Industrial Classification of Economic Activities) _____

Number of years trading: _____

Website: _____

Your annual turnover:
(If Local Authority please quote your latest annual budget) _____

Your balance sheet total: _____

Number of staff employed: _____

Registered address:

Postcode: _____

Address for correspondence:

Postcode: _____

Contact name & title: _____

Position: _____

Telephone: _____

Mobile: _____

Email: _____

Section B

Nominated bank account (for transferring funds to, and receiving funds from your UTB account)

Account name: _____

Account number: _____

Sort code: _____

Branch name: _____

Section C

Your new account

Type of new account required (please check available products)

Notice deposit

Period _____ days

- Please tick here to have annual interest repaid to your nominated bank account.**

Fixed deposit

Term _____ months/years (delete as appropriate)

- Please tick here to have annual interest repaid to your nominated bank account. (Only available for terms longer than 1 year)**

Opening balance

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

£: _____

Please note, funds must be sent to United Trust Bank either by way of electronic transfer or a cheque from the nominated Bank account (details provided in Section B of this application).

Please choose one of the options below:

- Faster payment, BACS, CHAPS or cheque made payable to United Trust Bank - once your account has been opened
- Cheque made payable to United Trust Bank Limited - enclosed with this application

Source of funds

Please indicate the source used to fund the savings account:

- Proceeds of a sale
- Compensation/settlement
- Donation/Grant
- Gift/Inheritance
- Other - please provide detail _____

Section D

Signatories, Shareholders, Trustees, Directors, Beneficiaries, Officers.

Please provide details of all signatories, persons with significant control, beneficial owners/beneficiaries with 25% or more of the issue share capital, voting rights or capital interest. (The first signatory must be a director, owner, trustee or chairperson).

1.

Title & name: _____

Position: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

National Insurance number: _____

Residential address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

Previous address: (Please complete this if you have lived at your current address for less than three years, if there are more addresses, please provide the information on a duplicate sheet.)

Postcode: _____

Signatory Yes No (if yes please complete Section E)

3.

Title & name: _____

Position: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

National Insurance number: _____

Residential address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

Previous address: (Please complete this if you have lived at your current address for less than three years, if there are more addresses, please provide the information on a duplicate sheet.)

Postcode: _____

Signatory Yes No (if yes please complete Section E)

2.

Title & name: _____

Position: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

National Insurance number: _____

Residential address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

Previous address: (Please complete this if you have lived at your current address for less than three years, if there are more addresses, please provide the information on a duplicate sheet.)

Postcode: _____

Signatory Yes No (if yes please complete Section E)

4.

Title & name: _____

Position: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

National Insurance number: _____

Residential address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

Previous address: (Please complete this if you have lived at your current address for less than three years, if there are more addresses, please provide the information on a duplicate sheet.)

Postcode: _____

Signatory Yes No (if yes please complete Section E)

If more than four individuals are required to fulfil signatory and beneficial owner requirements, please provide the information on a duplicate sheet.

Section E

Account Mandate

Signing arrangements

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: _____

Second signatory

Signature:

Date: _____

Name: _____

Third signatory

Signature:

Date: _____

Name: _____

Fourth signatory

Signature:

Date: _____

Name: _____

Section F

How did you hear about United Trust Bank Limited?

Please choose one option from the list below:

- Existing customer
 - Recommendation
 - United Trust Bank Limited website
 - Other website or search engine (please provide details below)
- _____

Section G

Please confirm you are registered in the UK for tax purposes

Are you registered in another country outside of the UK for tax purposes? No Yes

Non-UK tax residency country: _____

Tax reference number: _____

If more than four individuals are required to fulfil signatory and beneficial owner requirements, please provide the information on a duplicate sheet.

Section H

Agreement

We agree to be bound by the General Terms and Conditions and any Additional Terms and Conditions applying to this account 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 application. The information provided in this application is true to the best of our knowledge and the specimen signatures are correct.

We hereby certify that The Organisation has the power to open the account applied for and if required we can produce evidence of the appropriate authority to confirm that the deposit may be made. We confirm that the account we are opening and the money we are investing is on behalf of The Organisation named in this application.

We authorise you to act on the instructions of the authorised signatories named in this application. We acknowledge that we agree to indemnify United Trust Bank Limited fully in the event of any losses, claims or costs, which United Trust Bank Limited may suffer from accepting and enacting instructions provided by The Organisation in accordance with this mandate. We will inform United Trust Bank Limited immediately, in writing, if the authorised signatories are to be changed. We will inform the bank immediately, in writing, should The Organisation's tax status or beneficial owners change.

We confirm that The Organisation named in this application is a UK resident entity and that we will inform United Trust Bank Limited immediately, in writing, if the entity or any named individual cease to be a UK resident.

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 application, United Trust Bank Limited will perform an identity check on your organisation and 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 CRAs, 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 CRAs are explained in more detail within the Credit Reference Agencies Information Document (CRAIN). The CRAIN for the CRAs we use can be found at:

TransUnion: www.transunion.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*

I have received and read a copy of the Depositor Protection Information Sheet

Date: _____

Name: _____

Position: _____

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

Signed*

I have received and read a copy of the Depositor Protection Information Sheet

Date: _____

Name: _____

Position: _____

Section I**Marketing Consent**

At United Trust Bank Limited we take your privacy and the security of the data you provide to us seriously.

Occasionally we would like to provide your organisation with details of the deposit accounts, savings rates and other products that we offer.

If you provide your consent for your organisation to receive these details, you are free to withdraw it at any time in the future. You can do this by visiting www.utbank.co.uk/preference-centre or by giving us a call on 020 7190 5555.

We will only ever use your information in accordance with any legal rights we have and always in accordance with our Privacy Notice: www.utbank.co.uk/privacy-policy

Please note that we will never pass your organisation's details to any third party for marketing purposes.

Please confirm your preferences below:

- My organisation would like to receive information from United Trust Bank Limited regarding Deposit accounts, savings rates and other products that you offer.**

Please let us know the ways in which you are happy for us to contact your organisation by ticking those that apply:

- Phone/SMS
 Email
 Post

- The organisation does not wish to receive such information from United Trust Bank Limited.**

Checklist:

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

- All pages of your application form have been completed
- Marketing consent completed
- Depositor Protection Information Sheet acknowledgement box completed and sheet retained for your records
- Photocopies of identity documents may be required for all account holders, signatories, trustees and directors where applicable should electronic checks fail
- Relevant documents based on the type of Business
- A signed cheque is enclosed (unless cheque to follow or a bank transfer is to be made once the account is open)

Please return your completed application to United Trust Bank, One Ropemaker Street, London EC2Y 9AW



Protected

Financial Services Compensation Scheme (FSCS) Depositor Protection Information Sheet

Basic information about the protection of your eligible deposits

Eligible deposits in United Trust Bank Limited are protected by:	The Financial Services Compensation Scheme (“FSCS”)¹
Limit of protection:	£85,000 per depositor per bank / building society / credit union²
If you have more eligible deposits at the same bank / building society / credit union:	All your eligible deposits at the same bank / building society / credit union are “aggregated” and the total is subject to the limit of £85,000².
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately.³
Reimbursement period in case of bank / building society / credit union's failure:	20 working days⁴
Currency of reimbursement:	Pounds sterling (GBP, £)
To contact United Trust Bank Limited for enquiries relating to your account:	United Trust Bank Limited Deposits Department, 1 Ropemaker Street, London EC2Y 9AW Tel: 020 7190 5599 Email: deposits@utbank.co.uk
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House, 15 St Botolph Street, London EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100 Email: ICT@fscs.org.uk
More information:	www.fscs.org.uk

Additional information (all or some of the below)

¹ Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

² General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers a maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases eligible deposits which are categorised as “temporary high balances” are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- (a) certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- (b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy, or invalidity;
- (c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained at www.fscs.org.uk

³ Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

4 Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 20 working days until 31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayment amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expense or operating cost (in the case of a depositor which is not an individual or a large company) within 5 working days of request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained at www.fscs.org.uk.

Other important information

In general, all retail depositors and businesses are covered by the Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

A deposit is excluded from protection if:

1. The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
2. The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
3. It is a deposit made by a depositor which is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective investment undertaking
 - pension or retirement fund¹
 - public authority other than a small local authority.
4. It is a deposit of a credit union to which the credit union itself is entitled.
5. It is a deposit which can only be proven by a financial instrument² unless it is a savings product which is evidenced by a certificate of deposit made out to a named person and which existed in the UK or a Member State on 2 July 2014).
6. It is a deposit of a collective investment scheme which qualifies as a small company.³
7. It is a deposit of an overseas financial services institution which qualifies as a small company.⁴
8. It is a deposit of certain regulated firms (investment firms, insurance undertakings and reinsurance undertakings) which qualify as a small business or a small company⁵ – refer to the FSCS for further information on this category.
9. It is not held by an establishment of a bank, building society or credit union in the United Kingdom.

For further information about exclusions, refer to the FSCS website at www.FSCS.org.uk

¹ Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded

² As listed in Part I of Schedule 2 to the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001

³ Under the Companies Act 1985 or Companies Act 2006

⁴ See footnote 3

⁵ See footnote 3