

Business Mandate (including Trusts & Pensions)

Please complete all sections in full

Section A

Your organisation's details

Organisation name: _____

Trading name: _____
(as applicable)

UTB Account number: _____

Legal status: _____
(i.e. company/trust/partnership/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: _____

Position: _____

Telephone: _____

Mobile: _____

Email: _____

Section B

Business 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 - If not able to obtain signature we require evidence to support this e.g. minutes of meeting)

Signature:

Signature:

Signature:

Signature:

Section D

Please provide details of all signatories, person 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, partner, owner, trustee or chairperson).

1.

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.

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)

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

2.

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.

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 fulfill signatory and beneficial owner requirements, 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:

Please provide your identity document details in the area below: (Please refer to Section G for guidance)

Document type:

Second signatory

Signature:

Date:

Name:

Please provide your identity document details in the area below: (Please refer to Section G for guidance)

Document type:

Third signatory

Signature:

Date:

Name:

Please provide your identity document details in the area below: (Please refer to Section G for guidance)

Document type:

Fourth signatory

Signature:

Date:

Name:

Please provide your identity document details in the area below: (Please refer to Section G for guidance)

Document type:

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

Section F

Agreement

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 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 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 personal information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance, or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found at www.utbank.co.uk/privacy-notice.

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:

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*

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 C

Verification of identity

Regulations require us to verify the identity of all account holders, signatories, shareholders, partners, trustees and beneficiaries for each account. To do this we require a copy of an identity document for each individual. The document must be one of the following:

- Valid Passport
- Valid Photocard Driving Licence (Full or Provisional)
- His Majesty's Revenue and Customs Letter addressed to the customer (dated in the last 12 months)
- Department of Work & Pensions Communication (dated in the last 12 months)
- Valid Firearms Certificate
- National ID Card e.g. EU State issued National Identity Card

Checklist:

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

- All pages of Business mandate form are completed ☐
- Photocopies of identity documents for all account holders, signatories, shareholders, partners, trustees and beneficiaries are 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. ☐

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

United, we go further

United Trust Bank Limited 1 Ropemaker Street, London EC2Y 9AW | 020 7190 5555 | deposits@utbank.co.uk | www.utbank.co.uk

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