

Ethical Easy Access Account

Charity, Trust and Unincorporated Associations (clubs / societies)

Account Opening Form



Please complete in block capitals and return this form to:
 Charity Bank, Fosse House, 182 High Street, Tonbridge, Kent TN9 1BE

FOR OFFICE USE
 Account number

1. Deposit Details

We would like to open an Ethical Easy Access Account with £ (minimum of £10,000)

We have enclosed a cheque made payable to **Charity Bank - 'Your Charity, Trust or Unincorporated Association's Name'**, drawn on our bank account (Nominated Account) for the amount shown above. (please tick)

We have enclosed an original bank statement* (Section 5 - Nominated Account) for copying and return, which will allow our funds to be transferred electronically once the account is opened. (please tick)

*to be dated within previous three months

2. Existing Account Details

Do you hold an existing Charity Bank account? Yes No

Account number (if yes)

3. Your Charity, Trust or Unincorporated Association's Details

Full name of charity, trust or unincorporated association

Registered number of charity

Registered address

Postcode

Correspondent's name

Contact phone

Contact email

Address for correspondence (if different)

Postcode

Type of trust

Nature of activities and purpose of charity, trust or unincorporated association

What countries do you operate and raise funds in?

| | | |
|---------------------|------------------------|------------------|
| Annual turnover | £ <input type="text"/> | (for year ended) |
| Balance sheet total | £ <input type="text"/> | (for year ended) |
| Number of employees | <input type="text"/> | (for year ended) |

4. Personal Details of all the following relevant to your organisation – Trustees, Directors, Chairman and Secretary (all individuals named must be permanent UK residents. Should this cease to be the case please notify us immediately)

If you need to provide details of more than four people, please use a separate sheet setting out details for each.

Your information will be used to satisfy our 'know your customer' requirements. Account operatives will be specified under section 8.

| | | | |
|---|------------------------------|-----------------------------|--|
| Position (held within the organisation) | <input type="text"/> | | |
| Title (Mr/Miss/Ms/Mrs/Other) | <input type="text"/> | | |
| Full Name | <input type="text"/> | | |
| Previous Name (if changed) | <input type="text"/> | | |
| Date of change (dd/mm/yyyy) | <input type="text"/> | / | <input type="text"/> |
| Date of Birth (dd/mm/yyyy) | <input type="text"/> | / | <input type="text"/> |
| Country of Birth | <input type="text"/> | | |
| Country of residence for Tax purposes | <input type="text"/> | | |
| Are you a permanent UK resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Home Address | <input type="text"/> | | |
| | <input type="text"/> | | |
| Time at home address | <input type="text"/> Years | <input type="text"/> Months | NB. if less than 3 years please supply further address history using section 12 of this form |

| | | | |
|---|------------------------------|-----------------------------|--|
| Position (held within the organisation) | <input type="text"/> | | |
| Title (Mr/Miss/Ms/Mrs/Other) | <input type="text"/> | | |
| Full Name | <input type="text"/> | | |
| Previous Name (if changed) | <input type="text"/> | | |
| Date of change (dd/mm/yyyy) | <input type="text"/> | / | <input type="text"/> |
| Date of Birth (dd/mm/yyyy) | <input type="text"/> | / | <input type="text"/> |
| Country of Birth | <input type="text"/> | | |
| Country of residence for Tax purposes | <input type="text"/> | | |
| Are you a permanent UK resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Home Address | <input type="text"/> | | |
| | <input type="text"/> | | |
| Time at home address | <input type="text"/> Years | <input type="text"/> Months | NB. if less than 3 years please supply further address history using section 12 of this form |

| | | | |
|---|------------------------------|-----------------------------|--|
| Position (held within the organisation) | <input type="text"/> | | |
| Title (Mr/Miss/Ms/Mrs/Other) | <input type="text"/> | | |
| Full Name | <input type="text"/> | | |
| Previous Name (if changed) | <input type="text"/> | | |
| Date of change (dd/mm/yyyy) | <input type="text"/> | / | <input type="text"/> |
| Date of Birth (dd/mm/yyyy) | <input type="text"/> | / | <input type="text"/> |
| Country of Birth | <input type="text"/> | | |
| Country of residence for Tax purposes | <input type="text"/> | | |
| Are you a permanent UK resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Home Address | <input type="text"/> | | |
| | <input type="text"/> | | |
| Time at home address | <input type="text"/> Years | <input type="text"/> Months | NB. if less than 3 years please supply further address history using section 12 of this form |

4. (continued)

Position (held within the organisation)

Title (Mr/Miss/Ms/Mrs/Other)

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy)

Date of Birth (dd/mm/yyyy)

Country of Birth

Country of residence for Tax purposes

Are you a permanent UK resident?

Home Address

Time at home address

Years

Months

NB. if less than 3 years please supply further address history using section 12 of this form

5. Nominated Bank Details

To open an account with Charity Bank the organisation must hold a current account with a UK registered Bank or Building Society. Please provide details below

Bank / Building Society

Sort code:

Account Number:

These bank details are known as your Nominated Account. Please note that for withdrawals and account closures, funds will only be returned to the account detailed above.

6. Personal Details of all Beneficial Owners of a Trust

(all names must be permanent UK resident. Should this cease to be the case, please notify us immediately)

Title (Mr/Miss/Ms/Mrs/Other)

Full name

Date of birth (dd/mm/yyyy)

Country of birth

Country of residence for tax purposes

Are you a permanent UK resident?

Home Address

Time at home address

Years

Months

NB. if less than 3 years please supply further address history using section 12 of this form

Title (Mr/Miss/Ms/Mrs/Other)

Full name

Date of birth (dd/mm/yyyy)

Country of birth

Country of residence for tax purposes

Are you a permanent UK resident?

Home Address

Time at home address

Years

Months

NB. if less than 3 years please supply further address history using section 12 of this form

7. Audit Authority

Do you wish Charity Bank to divulge information requested by your accountant / auditor or solicitor?
If YES please complete the details below. If NO please leave blank.

| | |
|-------------------|----------------------|
| Auditor | <input type="text"/> |
| Auditor's Name | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| Postcode | <input type="text"/> |
| Accountant | <input type="text"/> |
| Accountant's Name | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| Postcode | <input type="text"/> |

8. Bank Mandate

Please complete this section with the personal details of all authorised signatories. A Bank Mandate must be completed for all new accounts even if you hold existing accounts.

Please retain a copy of the Bank Mandate for your future reference. It is important to keep your signatories up to date to ensure your banking facilities are not compromised at any time.

We undertake the necessary identity checks by using your signatories' date of birth, home telephone (landline) number and address history for the last three years. If any signatories have lived at their current address for less than three years you must provide their previous three year address information at the end of this form (Section 12). Not providing this will prevent us from continuing with the application until further steps to identify the individuals can be made. When nominating signatories, it is best to consider practical issues of obtaining signatures whenever required.

Signing rules for your account (please tick an appropriate box)

| | | |
|---|--------------------------|----------------------------|
| Any one signatory mentioned in Section 8 | <input type="checkbox"/> | |
| All signatories must sign | <input type="checkbox"/> | |
| Any other combination of signatures | <input type="checkbox"/> | Names <input type="text"/> |
| Any two of the signatories mentioned in Section 8 | <input type="checkbox"/> | |
| One specific person | <input type="checkbox"/> | Name <input type="text"/> |

Signatory 1 (all correspondence will be addressed to signatory 1)

| | |
|--|--|
| Title (Mr/Miss/Ms/Mrs/Other) | <input type="text"/> |
| Full Name | <input type="text"/> |
| Previous Name (if changed) | <input type="text"/> |
| Date of change (dd/mm/yyyy) | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Date of Birth (dd/mm/yyyy) | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Country of Birth | <input type="text"/> |
| Are you a permanent UK resident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Address (NB. if less than 3 years please supply further address history using section 12) | <input type="text"/> |
| | <input type="text"/> |
| Postcode | <input type="text"/> |
| Home Telephone No. | <input type="text"/> |
| Signature | <input type="text"/> |

8. (continued)

Signatory 2

Title (Mr/Miss/Ms/Mrs/Other)

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy)

Date of Birth (dd/mm/yyyy)

Country of Birth

Are you a permanent UK resident?

Yes No

Home Address (NB. if less than 3 years please supply further address history using section 12)

Postcode

Home Telephone No.

Signature

Signatory 3

Title (Mr/Miss/Ms/Mrs/Other)

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy)

Date of Birth (dd/mm/yyyy)

Country of Birth

Are you a permanent UK resident?

Yes No

Home Address (NB. if less than 3 years please supply further address history using section 12)

Postcode

Home Telephone No.

Signature

Signatory 4

Title (Mr/Miss/Ms/Mrs/Other)

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy)

Date of Birth (dd/mm/yyyy)

Country of Birth

Are you a permanent UK resident?

Yes No

Home Address (NB. if less than 3 years please supply further address history using section 12)

Postcode

Home Telephone No.

Signature

9. Account Information Security

We have a commitment to providing a secure service to all of our savers. In order to facilitate the handling of your requests to withdraw funds securely, we require that you provide us with a memorable word which will assist members of staff in verifying you and your representative's identity. The verification process will be by way of a call back to an account signatory following receipt of a withdrawal notification form. During the call the authorised signatory will be asked to provide characters from the memorable word. It is your responsibility to manage and protect this memorable word and ensure that only authorised officials have access to it.

Memorable word (please choose a word with no more than 12 characters).

10. Use of information

In signing this account opening form you consent to Charity Bank conducting electronic searches at Credit Reference Agencies in order to verify your identity and acknowledge / understand that a record of this 'soft search' will be kept. A 'soft search' will leave a non-detrimental footprint on your credit file, which will not be viewable by any other organisation. You will be required to provide documentary evidence of identity if the electronic search is not successful.

Charity Bank will use your information to provide the products or service you have requested. We will **not** disclose your information to any outside organisation except as part of providing that product or service or when legally advised to do so.

We will **not** share your details for marketing by third parties.

We keep the Charity Bank community up to date with our news, offers and events (including visits to borrowers and our annual open meeting), information about our products and services and stories about the charities and social enterprises we support.

If you do not wish to receive such information, including invitations to events and news updates, please indicate here

Please indicate how you would prefer to receive communications via post via email

Where did you hear about Charity Bank?

11. Declaration and Authorisation

Please provide a copy of any of the following documents that are relevant to your charity or trust (please tick). The copies must be certified as a true copy by an Anti-Money Laundering trained individual (i.e. banker/solicitor/accountant)

- Rules
- Constitution
- Trust Deed

By signing this form you are agreeing to the Charity Bank Terms for savings accounts held by organisations and the Additional Terms for an Ethical Easy-Access Account and agree to be bound them.

I/we declare that the information provided on this form is true and accurate (please tick)

I/we agree to notify Charity Bank in writing of any changes to the signatory/signatories to the account and understand that any new signatory/signatories will need to be identified before acceptance by the Bank (please tick)

I/we understand interest is paid gross (please tick)

As a charity, we declare that this account is being opened by a Registered Charity in respect of which exemption is granted under Section 505 (l) (c) of the Income and Corporation Taxes Act 1988. (please tick)

Financial Services Compensation Scheme (FSCS)

It's important that you read the FSCS information sheet. It provides information about the protection of your savings.

Please acknowledge receipt of the Deposit Guarantee Scheme: Information Sheet (please tick)

11. (continued)

The declaration and authorisation should be signed as follows:

Unincorporated Associations (clubs and societies) - the Chairman and the Secretary

Trusts - at least two trustees

Charities - in accordance with the governing document or resolution of the governing body

Signature

Date / /

Signature

Date / /

Signature

Date / /

Signature

Date / /

12. Previous addresses

This section is for authorised signatories and/or account holders that have lived at their current address for less than three years. Please supply further address details to complete the application process. Enter the full name and then the first line of address (include the house name/number and road name). You must include the postcode.

Full Name

Address

Postcode

Full Name

Address

Postcode

Full Name

Address

Postcode

Deposit Guarantee Scheme: Information Sheet (New accounts)



Basic information about the protection of your eligible deposits

| | |
|--|--|
| Eligible deposits in The Charity Bank Ltd are protected by: | the Financial Services Compensation Scheme ("FSCS") ¹ |
| Limit of protection: | £85,000 per depositor per bank / building society / credit union. ² |
| 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 £85,000. ² |
| 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 or credit union's failure: | 20 working days. ⁴ |
| To contact The Charity Bank Ltd for enquiries relating to your account: | The Charity Bank Ltd Fosse House 182 High Street Tonbridge Kent TN9 1BE Tel: 01732 441900 Email: enquiries@charitybank.org |
| 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: | http://www.fscs.org.uk |
| Acknowledgement of receipt by the depositor: | Please refer to the tick box on the application form. |

Additional information

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 at 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 under <http://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 repayable 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 expenses (in the case of a depositor which is not an individual or a large company) within 5 working days of a 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 under <http://www.fscs.org.uk>.

Other important information

In general, all retail depositors and businesses are covered by 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 are set by the Deposit Guarantee Scheme and may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

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

² Listed in Section C of Annex 1 of Directive 2014/65/EU

³ Under the Companies Act 1985 or Companies Act 2006

⁴ See footnote 4



Account opening check list for Charity and Trust Savings



- | | |
|--|---|
| 1. Application Form | Completed and signed |
| 2. List of Trustees / Directors / beneficial owners and additional signatories | Full name (do not use nicknames or known as) Date of birth |
| Personal Residential Address* | Previous address is to be provided, if less than 3 years at present property. |
| Optional | Personal /residential land line telephone numbers (assists with ID checks).** |

Are any of your trustees, directors or shareholders resident for tax purposes outside of the UK?

Charity Bank provides accounts solely to persons (entities and individuals) with resident status in the UK only. If any of your Trustees, Directors, beneficial owners and additional authorised signatories or shareholders are resident for Tax purposes overseas, we are unable to accept your application.

3. Documentation to accompany application

For Charity and Trusts

All Trustees, directors, beneficial owners and all signatories will undergo our full Anti-Money Laundering processes. Please provide their personal details.

Governing Document: ALL OR ANY

A copy of the documents relevant to your entity from the list shown below, certified as a true copy by an Anti-Money Laundering trained individual.

- Rules
- Constitution
- Trust deed

4. Initial Deposit to fund account

Cheque:

Cheque drawn on an account in the name of 'Account Name' (Nominated Bank Account).

Payable to 'Charity Bank Ltd - 'Account Name'.

Electronic Transfer:

Original bank statement to be provided from your nominated bank account, for copying and return, to enable funding by online bank transfer.

Photocopy or internet online print acceptable, however will not be returned.

5. Shareholders

Please disclose any shareholders owning 25% or more. If you do not have any share capital this will not be applicable. Further details may be required.

N.B. *The personal information, requested above, is required to assist us in carrying out our electronic 'Customer Due Diligence' and to satisfy our Anti-Money Laundering regulations. **This personal information will not be used for marketing purposes.