The co-operative bank

It's good to be different

Business account application

Limited Companies and Limited Liability Partnerships

This Business account application form is split out into the following sections:

Important Information
Ethical policy
Section 1: Your details
Section 2: About your business
Section 3: Banking requirements
Section 4: Part A: Personal Details
Part B: Major shareholders'/stakeholders' details
Part C: Account signatories
Section 5: Supporting documents
Section 6: Declaration

To open a Co-operative Bank business account, just follow the five easy steps below:

1. **Complete all relevant sections in the application form and write clearly in CAPITAL LETTERS.**

2. **Ensure all key account parties and account signatories have read the 'Important information' section in the application form and signed this application form as appropriate.**
All required signatures will be highlighted with the image to the right.

3. **Gather all supporting documentation** (see Section 5). This information is required by all banks under Financial Conduct Authority regulations to support the prevention of money laundering.

4. **If you wish to transfer your account from another bank, please complete our switching form which is available from our website: co-operativebank.co.uk/business**

5. **Post everything to us using the address below – no stamp is required.**
It may be useful if you keep a scanned copy or photocopy of your application before you send it to us.
Please send to:

Business Account Opening
The Co-operative Bank p.l.c.
FREEPOST NWW2331A
P.O. Box 50
Skelmersdale
WN8 6YL

Commercial customers: return this application directly to your Relationship Manager

For Bank use only

Application title	Reference number

Important information

Reference number

Credit decisions and also the prevention of fraud and money laundering.

We may use credit reference and fraud prevention agencies to help us make decisions. A short guide to what we do and how both we and credit reference and fraud prevention agencies will use your information is detailed in the section called: **A condensed guide to the use of your personal and business information by ourselves and at credit reference and fraud prevention agencies.** For details of how your data may be used, also read carefully the 'Using Your Personal Information' notice provided with the terms and conditions of your account and the 'Keeping You Informed' section in this application form.

By confirming your agreement to proceed you are accepting that we may each use your information in this way.

A condensed guide to the use of your personal and business information by ourselves and at credit reference and fraud prevention agencies

1) When you apply to us to open an account, this organisation will check the following records about you and, where applicable, your business Partners and anyone to whom you are linked financially:

   a) Our own.
   b) Personal and, where applicable, business records at credit reference agencies (CRAs). When CRAs receive a search from us they will place a search footprint on your personal credit file and where applicable your business credit file that may be seen by other lenders. They supply both public (including the electoral register) and shared credit and fraud prevention information.
   c) Those at fraud prevention agencies (FPAs).
   d) If you're a Director, we will seek confirmation, from credit reference agencies, that the residential address that you provide is the same as that shown on the restricted register of Directors' usual addresses at Companies House.

   We will make checks such as assessing this application for credit and verifying identities to prevent and detect crime and money laundering. We may also make periodic searches at CRAs and FPAs to manage your account with us.

2) If you are making a joint application or tell us that you have a spouse or financial associate, we will link your records together so you must be sure that you have their agreement to disclose information about them. CRAs also link your records together and these links will remain on your and their files until such time as you or your Partner successfully files for a disassociation with the CRAs to break that link.

3) Information on applications will be sent to CRAs and will be recorded by them, including, where applicable, information on your business and its proprietors. The CRAs may create a record of the name and address of your business and its proprietors if there is not one already.

4) Where you borrow from us, we will give details of your account(s) and how you manage it/them to CRAs.

5) If you borrow and do not repay in full and on time, CRAs will record the outstanding debt. This information may be supplied to other organisations by CRAs and FPAs to perform similar checks and to trace your whereabouts and recover debts that you owe. Records remain on file for six years after they are closed, whether settled by you or defaulted.

6) If false or inaccurate information is provided and fraud is identified, details including the names of the company Directors at the time of the fraud will be passed to fraud prevention agencies. You undertake to inform all Directors of this notice.

7) Law enforcement agencies may access and use this information.

8) We and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

   a) Checking details on applications for credit and credit-related or other facilities.
   b) Managing credit and credit-related accounts or facilities.
   c) Recovering debt.
   d) Checking details on proposals and claims for all types of insurance.
   e) Checking details of job applicants and employees.

9) If you have borrowed from us and do not make payments that you owe us, we will trace your whereabouts and recover debts.

10) We and other organisations may access and use from other countries, the information recorded by fraud prevention agencies.

11) Your data may also be used for other purposes for which you give your specific permission or, in very limited circumstances, when required by law or where permitted under the terms of the Data Protection Act 1998.

How to find out more

You can contact the credit reference agencies currently operating in the UK; the information they hold may not be the same so it is worth contacting them all. They will charge you a small statutory fee.

- **CallCredit**, Consumer Services Team, PO Box 491, Leeds LS3 1WZ or call 0870 060 1414.
- **Equifax** PLC, Credit File Advice Centre, PO Box 3001, Bradford BD1 5US or call 0844 335 0550 or log on to www.myequifax.co.uk
- **Experian**, Consumer Help Service, PO Box 8000, Nottingham NG80 7WF or call 0344 481 8000 or log on to www.experian.co.uk
- If you want to receive details of the relevant fraud prevention agencies please contact us at The Co-operative Bank, Fraud Management, Pennylands House, 1 Westgate, Skelmersdale WN8 8LP.

Ethical Policy

Reference number

Our Ethical Policy promises our customers that we will not provide banking services to organisations involved in certain activities. In order to meet these stated obligations and to assist in our assessment, please indicate the position of your organisation(s) (including parent company and subsidiaries) on the following:

	Yes	No
Are you involved in the manufacture or trade of equipment for military or security purposes?	☐	☐
Do you have any business arrangements with developing countries including imports and overseas operations?	☐	☐
Are you involved in the manufacture of pharmaceuticals?	☐	☐
Are you involved in the provision of water utility services to developing countries?	☐	☐
Do you manufacture tobacco products?	☐	☐
Are you involved in biotechnology or the development of genetically modified organisms?	☐	☐
Are you involved in nanotechnology or the development of products utilising nanotechnology?	☐	☐
Have you contravened any environmental legislation or regulations in the last three years?	☐	☐
Are you involved in the extraction, production or distribution of fossil fuels?	☐	☐
Are you involved in the production or distribution of other fuels (e.g. biofuels)?	☐	☐
Do you manufacture chemicals?	☐	☐
Are you involved in forestry or the timber trade?	☐	☐
Are you involved in the fishing industry?	☐	☐
Are you a promoter or a client of a tax scheme subject to HMRC notification or have you contravened any tax laws or rules (e.g. been convicted of tax evasion within the last five years)?	☐	☐
Do you manufacture (or are you involved in the animal testing of) cosmetics, toiletries or household products or their ingredients?	☐	☐
Are you involved in the experimentation or use of Great Apes for any purpose?	☐	☐
Are you involved in animal farming?	☐	☐
Are you involved in blood sports (e.g. fox hunting)?	☐	☐
Are you involved in the animal fur trade?	☐	☐
Are you involved in the provision of short-term, small-value personal loans (e.g. payday loans, home collected credit)?	☐	☐
Have you ever breached any relevant advertising standards codes or marketing codes (e.g. Advertising Standards Agency codes)?	☐	☐

If you answered 'yes' to any of the questions above, please provide details:

Section 1 Your details

Reference number

Introduction

ALL businesses must complete Section 1: Your Details. This information is used for communication and also to validate your business details. Please ensure that Companies House is up to date and matches the details which you provide in the application.
Any missing information from this application may cause delay in processing.

Key contact

This is the name of the person in your business to which all communications and statements for the account(s) will be sent.

Title

Forenames

Middle name

Surname

Position

Telephone number

Mobile number

Email address

Business details

Business name

Trading name (if different)

Account Name (if different to the business name) – If we are unable to use this name, we will contact you.

Website Address

Business type:

☐ Limited Company ☐ Limited Liability Partnership

Limited company/LLP registration number if applicable

Date of incorporation

Country of incorporation

Registered address of business

Name/Number

Street

Town/City

Postcode

Premises owned or leased: ☐ Owned ☐ Leased ☐ Other

If other please specify:

Section 1 Your details

Reference number

Business details (continued)

Trading address / Premises (please complete if different to address provided on the previous page)

Name/Number

Street

Town/City

Postcode

Premises owned or leased: ☐ Owned ☐ Leased ☐ Other

If other please specify:

Correspondence address – Carefully consider where statements are sent to as you may be at an increased risk of fraud if they are sent to an official's personal address rather than a business address.

Name/Number

Street

Town/City

Postcode

If you would like your statements sent to a correspondence address, please explain the reason for this

If you have an existing business bank account please provide the details below:

Full name of account

Branch sort code – –

Account number

Time at bank

years

months

If you have more than one bank account please provide the details below:

Full name of account

Branch sort code – –

Account number

Time at bank

years

months

Are you registered with/regulated by a professional industry body? Yes ☐ No ☐

If yes, please record the following:

The name of registered/regulated body

The address of registered/regulated body

The registered/regulated number

Reference number

Section 2 About your business

Introduction

This section is used to learn more about how your business operates in order to help us understand your business.
Please be as specific as possible when answering these questions, as failure to provide information may result in a delay in the application process.
Please note that we may require more information from you once we have received and reviewed this application.

Nature of business

What does your business sell/provide? ☐ Goods ☐ Services ☐ A mix of goods and service

What products do you sell and which services do you offer? - Please give a full description, ***e.g. My business is a consultancy, we consult with financial organisations to help improve the day-to-day operation of the business through process re-engineering. We also sell our own performance management software:***

Do you provide any of the following services? ☐ Money transmission ☐ Money service business

☐ Cheque cashing ☐ Money lending ☐ Payday lending

If you have ticked any of the above please provide further details:

Will you be selling goods and/or services online? ☐ Yes ☐ No

How do you advertise your business?

Financial details

Date business established (day / month / year)

Current year end date (day / month / year)

Annual credit turnover/ expected turnover for the business £

Number of working officials/ employees

Expected financial growth %

Annual credit turnover for this account £

What is the reason for the expected financial growth? E.g. I will be opening a new shop within the next 6 months.

What were the start-up costs in forming the business, where did the funds come from and what were they used for?
e.g. The total costs of establishing my business were £2,000; this was generated from £500 of personal savings and a £1,500 loan provided by my bank. £100 of these funds was used to register my business, a further £200 was used to create a website and the rest was used to rent my business premises and office equipment:

Have there been any capital injections into your business since it started? Yes ☐ No ☐

Date of capital injection (if applicable) (day / month / year)

Section 2 About your business

Financial details (continued)

If yes, please confirm the source and amount, ***e.g. Since starting the business I have invested an additional £1,500 as a director's loan. This money was provided from my own personal savings and was used to expand the business by renting a second office:***

How do you intend to meet your expected turnover? Please be specific. If you have a business plan including pricing strategy you may enclose this. ***e.g. The business consulting ranges in a daily price from £200 to £500. Our performance management software is charged at £250 and I sell an average of 10 of these each month:***

Are there any additional sources of income to fund the account? ***e.g. Rent, savings, donations***

By what methods do you expect to receive and make your payments? (Tick all appropriate.)

Cheque ☐ Electronic e.g. Faster Payments/CHAPS ☐ Foreign payments ☐ Cash ☐ Debit/credit card ☐

Your customers - If you trade with customers outside the UK, you will need to provide a breakdown of your main customers, the country they're based in and approximate share of business turnover per customer: we also need you to provide details if you have any business assets or operations outside the UK.

Your suppliers - If you trade with suppliers outside the UK, you will need to provide a breakdown of your main suppliers, the country they're based in and approximate share of business turnover per supplier: we also need you to provide details if you have any business assets or operations outside the UK.

Tax status

UK tax regulations require the collection of information regarding an account holder's tax residency and citizenship. Therefore, please complete the relevant questions below and provide the information requested. Please note that we may be required to share this information about you with the relevant tax authorities.

If at any time in the future you need to change the information that you have provided, you are required to advise us within 30 days of such change in circumstances. If you have any questions about how to complete this form, please contact your tax adviser.

Does your business generate 50 % or more of its income from the sale of goods and/or the provision of services?

Yes ☐ No ☐

Was your business established or is it resident for tax, outside the UK? Yes ☐ No ☐

If yes, please provide details of your tax residences below. If you have more than two countries' information to provide, please photocopy this page.

Country where business established/tax residency	Tax Identification Number (TIN)

Accountant's details

(If relevant) by providing your Accountant's details you give the Bank permission to disclose information to them.)

Name

Address

Town/City

Postcode

Section 3 Banking requirements

Reference number

Introduction

This section is required in order to help provide you with the account(s) you require and set up the security access for the account.
If this is a linked account, the pass number you select will be applicable to all accounts held.

Type of business account required

Current accounts:

- ☐ Business Directplus
- ☐ Business Current Account - Cash Tariff
- ☐ FSB Business Banking
- ☐ Business Current Account - Standard Tariff **(Relationship Managed customers only)**

Deposit accounts:

- ☐ Business Select Instant Access
- ☐ Business Select 14-Day
- ☐ Fixed Rate Deposit - 12 Months

What will the account be used for?

Client accounts

(You may need a client account if you hold funds on behalf of your own customer, and the funds must be kept separate from your own.)

Do you require a client account? Yes ☐ No ☐

If yes, please provide the name of the underlying client (if known):

If you require a client account you may be required to complete a separate client account introducer form. This will be sent to you if required.

Stationery Requirements

Cheque Book ☐ Paying in Book ☐

FSB membership details

Membership number

If you are applying for a FSB account you will need to be a member of the Federation of Small Businesses (FSB), please enter your membership number. By entering your membership number you give consent for the Bank to verify this number and your membership with the Federation of Small Businesses.

Fixed Rate Deposit - 12 Months

Please indicate the amount of deposit you would like to pay into the new Fixed Rate Deposit account: (minimum of £10,000) £

How were these funds accumulated? (How the funds were accumulated could include, for example, funds accumulated as business profit, injection from shareholder, savings or sale of property.)

Please indicate where the deposit will come from:

☐ Cheque enclosed with application form ☐ Transfer from an existing Co-operative Bank Account

Transfers can only be made from an existing Co-operative Bank account and not an external bank account, and the signing authority for both accounts must be the same. The deposit will need to be made by cheque if you do not hold an existing Co-operative Bank account.

Cheques should be made payable to the account name as specified in Section 1 and enclosed with the application. Once invested no further deposits or withdrawals are allowed for the duration of the investment period chosen.

Please provide details of the source of the funds below:

Full name of account from which the transfer will be made/cheque will be drawn:

Branch sort code – –

Account number

Reference number

Telephone security password (for account opening process)

A telephone security password will be used to enable you or other authorised parties to give instructions or obtain answers to queries over the telephone during the account opening process.

Please choose an appropriate password (maximum eight letters – no numbers) to be used to identify you and your authorised parties to Bank staff:

Password

Telephone security pass number (for use once your account is opened)

A telephone security pass number will be used to identify you or your representative(s) to Bank staff. Once your account has been opened, it will enable you or your representative(s) to give instructions or obtain answers to queries on your account(s) over the telephone.

Please choose an appropriate four-digit number if you have not already registered one with Customer Services:

You can use any combination of numbers providing they are not consecutive or there are not more than two of the same numbers together (for example, not 1234 or 7778).

For security reasons we do not recommend that you use a pass number that you already have set up for other accounts.

Remember: It is vital that you keep the password and pass number totally confidential.

Pass number

Post Office® banking (for use once your account is opened)

Cash and cheques can be deposited at any Co-operative Bank branch. Please visit our website **co-operativebank.co.uk/branch** to locate your nearest convenient branch. In addition, you will be sent a supply of envelopes to post cheques to us directly.

If we do not have a branch close to you, you may prefer to take advantage of our Post Office® banking facilities. If so, please complete the section below as appropriate.

If you would like the option of banking at your local Post Office® please give the FULL postal address details including postcode of your nominated Post Office® below. Please visit postoffice.co.uk/branch-finder to search for your nearest Post Office®.

Name of Post Office®

Street

Town/City

Postcode

It is important that you provide the full postcode for your nominated Post Office®. Service required (tick as appropriate):

☐ Deposit cash and/or cheques ☐ Note/coin change facility

Please note Post Office® banking may take up to four weeks to set up. You will be provided with a Post Office® paying-in book for use at your nominated Post Office®.

Keeping you informed

We would like to send you information about products and services supplied by ourselves or other carefully selected organisations that we believe would be of interest to you. You can inform us at any time if you do not want to receive marketing information.

Please tick the relevant box(es) only if you do not want to be contacted using the following methods:

☐ post ☐ phone ☐ email ☐ SMS

Please tick if you would not like other companies, carefully selected by us, to contact you with details of goods and services offered by them: ☐

Section 4 Part A – Personal details

Reference number

IF NECESSARY PLEASE PHOTOCOPY THIS SECTION BEFORE COMPLETING

Introduction - In this section we require the personal details of all individuals who have the authority to make decisions on behalf of the business such as Directors and Partners, regardless of whether or not they will have access to the account. We will also need the personal details of any additional Signatories and Authorised Account Persons, these are individuals who the business chooses to give authority to access the business account, e.g. office manager, secretary, accountant.

BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE 'IMPORTANT INFORMATION' SECTION OF THE APPLICATION FORM.

Title

Forename (in full)

Middle name

Surname

Any other name(s) you have been known as during the last six years

Date of birth

day month year

Nationality/Nationalities

Position within business

Please provide your **previous two addresses within the last three years.** If you have lived at the same address for over three years please just provide that address.

Home name/number

Street

Town/City

Postcode

Time at this address: Years Months

Previous address (if moved within last three years)

Home name/number

Street

Town/City

Postcode

Time at this address: Years Months

Telephone number

Mobile number

Individual's shareholding/stakeholding/voting right percentage
(the percentage means the proportion of the business owned by the individual.)

%

Are these shares being held by a nominee? Yes ☐ No ☐

If yes, please provide full details of actual (beneficial) shareholders (name, address, date of birth, nationalities):

Reference number

Who do you bank with?

Please quote your branch sort code and account number:

Branch sort code – –

Account number

Do you already hold a Co-operative Bank account (personal and/or business)? If so, please complete your sort code and account number in order for us to keep our records up to date:

Branch sort code – –

Account number

Your consent

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search, and make other enquiries the Bank believes necessary to confirm the details on this application form and for credit assessment. If false or inaccurate information is provided and fraud is identified, details including the names of the company Directors at the time of the fraud will be passed to fraud prevention agencies to prevent fraud and money laundering. You undertake to inform all Directors of this notice.

It is important that you read and understand the 'Important Information' section in the application form and the 'Using Your Personal Information' notice provided with your terms and conditions.

By signing below you agree that we can use your information in this way.

(Additional information may be requested by the Bank if no/insufficient records are found by searches.)

Please also complete the Account signatories Part C if you wish to be a signatory on the account.

Signature

Date

What level of access do you require, please tick one:

Signatory ☐ Authorised Account Person ☐ No access to the account required ☐

Authorised Account Person means someone who will have authority to access the business account via telephone only but has NO liability for your business/organisation, e.g. office manager, secretary, accountant, etc. Authorised Account Persons will not be able to sign any requests on your behalf to request changes to the Business account nor can they make any Lending requests.

Only Signatories may have access to online banking and a debit card. If access to online banking or a debit card is required then the Signatory box above should be marked with a tick.

If you are a Signatory, do you require any of the following?

Online banking ☐ Debit Card ☐

If requested above, signatories will be permitted to use Online Banking and make transactions on your behalf regardless of any different signing instructions or authority on your account held by the Bank.

If you are a Registered Charity, in line with the Charity Commission Guidelines, two users are required to make and authorise payments.

Section 4 Part A – Personal details

Reference number

IF NECESSARY PLEASE PHOTOCOPY THIS SECTION BEFORE COMPLETING

Introduction - In this section we require the personal details of all individuals who have the authority to make decisions on behalf of the business such as Directors and Partners, regardless of whether or not they will have access to the account. We will also need the personal details of any additional Signatories and Authorised Account Persons, these are individuals who the business chooses to give authority to access the business account, e.g. office manager, secretary, accountant.

BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE 'IMPORTANT INFORMATION' SECTION OF THE APPLICATION FORM.

Title

Forename (in full)

Middle name

Surname

Any other name(s) you have been known as during the last six years

Date of birth

day month year

Nationality/Nationalities

Position within business

Please provide your **previous two addresses within the last three years.** If you have lived at the same address for over three years please just provide that address.

Home name/number

Street

Town/City

Postcode

Time at this address: Years Months

Previous address (if moved within last three years)

Home name/number

Street

Town/City

Postcode

Time at this address: Years Months

Telephone number

Mobile number

Individual's shareholding/stakeholding/voting right percentage
(the percentage means the proportion of the business owned by the individual.)

%

Are these shares being held by a nominee? Yes ☐ No ☐

If yes, please provide full details of actual (beneficial) shareholders (name, address, date of birth, nationalities):

Reference number

Who do you bank with?

Please quote your branch sort code and account number:

Branch sort code – –

Account number

Do you already hold a Co-operative Bank account (personal and/or business)? If so, please complete your sort code and account number in order for us to keep our records up to date:

Branch sort code – –

Account number

Your consent

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search, and make other enquiries the Bank believes necessary to confirm the details on this application form and for credit assessment. If false or inaccurate information is provided and fraud is identified, details including the names of the company Directors at the time of the fraud will be passed to fraud prevention agencies to prevent fraud and money laundering. You undertake to inform all Directors of this notice.

It is important that you read and understand the 'Important Information' section in the application form and the 'Using Your Personal Information' notice provided with your terms and conditions.

By signing below you agree that we can use your information in this way.

(Additional information may be requested by the Bank if no/insufficient records are found by searches.)

Please also complete the Account signatories Part C if you wish to be a signatory on the account.

Signature

Date

What level of access do you require, please tick one:

Signatory ☐ Authorised Account Person ☐ No access to the account required ☐

Authorised Account Person means someone who will have authority to access the business account via telephone only but has NO liability for your business/organisation, e.g. office manager, secretary, accountant, etc. Authorised Account Persons will not be able to sign any requests on your behalf to request changes to the Business account nor can they make any Lending requests.

Only Signatories may have access to online banking and a debit card. If access to online banking or a debit card is required then the Signatory box above should be marked with a tick.

If you are a Signatory, do you require any of the following?

Online banking ☐ Debit Card ☐

If requested above, signatories will be permitted to use Online Banking and make transactions on your behalf regardless of any different signing instructions or authority on your account held by the Bank.

If you are a Registered Charity, in line with the Charity Commission Guidelines, two users are required to make and authorise payments.

Reference number

Section 4

Part B – Major shareholders'/stakeholders' details

IF NECESSARY PLEASE PHOTOCOPY THIS SECTION BEFORE COMPLETING. PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE IMPORTANT INFORMATION SECTION IN THE APPLICATION FORM.

Introduction - In this section we need to know about any other business or individual who has beneficial ownership of your business in addition to those individuals named in Part A.

If you have no major shareholders/stakeholders, **please tick here** ☐

Business/organisation with 10% (or more) shareholding/ stakeholding voting right

Business/organisation name

Company registration number

Business/organisation shareholding/stakeholding/voting right percentage. (Business/organisation shareholding/stakeholding/ voting right percentage means the proportion of the business owned by another business/organisation.) %

Principal personnel of above named business/organisation or individuals with 10% (or more) shareholding/stakeholding voting right (other than those specified in Part A)

Title | Forename (in full) | Middle name

Surname | Any other name(s) you have been known as during the last six years

Date of birth

day month year

Nationality/Nationalities

Position within business

Individual's shareholding/stakeholding/voting right percentage (The percentage means the proportion of the business owned by the individual.) %

Are these shares being held by a nominee? Yes ☐ No ☐

If yes, please provide full details of actual (beneficial) shareholders (name, address, date of birth, nationalities):

Home name/number | Street

Town/City | Postcode

Time at this address: ☐ Years ☐ Months

Previous address (if moved within the last three years)

Home name/number | Street

Town/City | Postcode

Time at this address: ☐ Years ☐ Months

Telephone number | Mobile number

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search, and make other enquiries the Bank believes necessary to confirm the details on this application form and for credit assessment. If false or inaccurate information is provided and fraud is identified, details including the names of the company Directors at the time of the fraud will be passed to fraud prevention agencies to prevent fraud and money laundering. You undertake to inform all Directors of this notice.

It is important that you read and understand the 'Important Information' section in the application form and the 'Using Your Personal Information' notice provided with your terms and conditions.

By signing below you agree that we can use your information in this way.

Signature

Date

Reference number

Section 4

Part C – Account signatories

IF NECESSARY PLEASE PHOTOCOPY THIS PAGE.

ALL ACCOUNT SIGNATORIES AND OTHER NAMED INDIVIDUALS WITH AUTHORITY TO TRANSACT ON THE ACCOUNT MUST BE RECORDED IN PART A.

Signing authority

Account Name

Please tick the level of signing authority required when making a request or giving an instruction to the Bank, etc.:

☐ Any one of the signatories to sign ☐ Any two of the signatories to sign ☐ All of the signatories to sign

☐ One or more named signatories to sign (please specify name below) ☐ Other combination (please give details below)

Please complete the section below in black **ball point pen** using **CAPITALS** with all signatories providing relevant details.

Title Forenames

Surname

Position

Signature

Title Forenames

Surname

Position

Signature

Title Forenames

Surname

Position

Signature

Title Forenames

Surname

Position

Signature

Reference number

Supporting documentation

Document checklist – This checklist details the minimum that is required and we may on occasion request additional information to support your application.

All currently trading businesses must provide:

- [ ] **At least 30 days' consecutive business bank statements.**
- [ ] **If you are not currently trading through a business bank account then please supply at least the last 30 days' consecutive personal bank statements highlighting all business related transactions.**

All statements must clearly show the business or customer name and details as stated in this application.

- [ ] **If you have a detailed business plan please supply this.**
- [ ] **Please provide a statement of how your shares are issued – confirming who the shareholders are and the number of shares held. If shares are held by another company, it would assist us if you could provide background information regarding the corporate structure. This is not required if your organisation is Limited by Guarantee.**
- [ ] **If you are not a national of any of the following countries you will also need to provide additional proof to show that you have the right to reside in the UK: UK, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Guernsey, Hungary, Iceland, Ireland, Isle of Man, Italy, Jersey, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden or Switzerland.**

Any of the following can be accepted as evidence of right to reside in the UK:

- **An EEA Passport or a non EEA endorsed passport confirming right to reside.**
- **A National ID Card from an EU or EEA state (including Switzerland).**
- **A registration certificate or document.**
- **A Biometric Residence Permit.**
- **Application Registration Photo card (ARC).**
- **Home Office/Government issued immigration status document.**
- **United Nations Convention travel document.**
- **Home Office letter confirming refugee status.**
- **Home Office issued residence permit or residence card.**
- **Benefits paperwork issued by HMRC, a UK Local Authority, Job Centre Plus or DWP**

- [ ] **If you are a newly appointed Director (within the last three months) please provide a copy of your AP01.**

Franchises please provide:

- [ ] **A copy of your signed franchise agreement.**

Section 6 – Declaration

Reference number

Introduction

Failure to provide all relevant signatures will result in the application being returned and a delay in processing the application.

All Directors/Partners must sign this section in accordance with their Constitution.

If it is a Sole Directorship, and you have a Company Secretary, your Company Secretary must sign this section. If you do not have a Company Secretary we require your signature to be witnessed. The witness will also need to sign.

I/We declare and hereby resolve that:

- The information provided in this application is true and correct.
- The Directors/Partners have carefully considered the terms and conditions for the Account(s) and have agreed to accept and comply with the terms and conditions on behalf of the business (a copy of the account Terms and Conditions can be found at co-operativebank.co.uk/business).
- The Directors/Partners have carefully considered the fees and charges for the account as outlined in the Account Tariff and have agreed to accept the Account Tariff on behalf of the business (a copy of the account tariff can be found at co-operativebank.co.uk/business).
- The Business is empowered by, and is acting within, its constitution in giving instructions for the Bank to act as our bankers.
- All Directors/Partners/Signatories/Authorised Account Persons are aged 18 or over.
- No Directors/Partners/Signatories/Authorised Account Persons have been subject to bankruptcy in the last six years.
- No Directors/Partners/Signatories/Authorised Account Persons have had County Court Judgments registered against them in the last six years.
- I/We have received and read the Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusion List.
- I/We appoint those individuals recorded as Authorised Account Persons in Section 4 Part A to access and use the account(s) with the Bank entirely at our own risk and that the Bank will have no liability for any losses, costs, charges of any nature whatsoever that is incurred in connection with the Authorised Account Persons' improper use of the account(s) (save for any liability that the Bank cannot exclude or limit under applicable law).

I/We authorise The Co-operative Bank p.l.c. to:

- act as our bankers, open and operate the Account(s) specified by the Business in the application form and to provide the Business with the services offered by the Bank
- accept instructions (including written instructions sent by facsimile and electronic instructions through the use of digital signatures and/or identification numbers or passwords) from us in connection with the Account(s), provided that the instructions are given and/or signed in accordance with the signing authority listed in the **Account signatories Section 4 Part C** of this application. Instructions shall mean: cheques, bills of exchange, promissory notes or other orders for payment drawn, made or accepted on our behalf, (even if the payments cause the Account(s) to be overdrawn) and requests or instructions in writing concerning the Account(s), our affairs or property (including the opening of new Account(s), the arranging of facilities and creation of security)
- communicate with or in respect of the Business by email and/or SMS in connection with the Account(s)
- act on instructions given by signatories/authorised account persons in accordance with the account terms and conditions
- search the files of one or more credit reference agencies, who will keep a record of that search, and make other enquiries the Bank believes necessary to confirm the details on this application form and for credit assessment. It is important that you read and understand the 'Important Information' section and the 'Keeping You Informed' section in the application. By signing this application you agree that we can use the information about the Business in this way.

I/We understand and agree that:

- Details of how the Account(s) is/are conducted may be recorded with one or more credit reference and fraud prevention agencies and may be shared with and used by other lenders for the purpose of assessing further applications from the business (including all Directors, Partners and Beneficial owners) and for occasional debt tracing or fraud prevention. The Bank will hold and process the information you provide and may use it to assess the suitability of your application using the technique known as 'Credit Scoring':
- This declaration shall remain in force notwithstanding any change in our constitution, LLP agreement (if applicable), name or membership.
- The business shall notify the Bank in writing of any change in limited company share ownership and any change of Directors/Partners/other official/signatory/Authorised Account Person and shall provide the Bank with a copy of any changes to the Constitution/Rules/Memorandum and Articles of Association/Regulations or Bye Laws if required.

Reference number

With the exception of your Company Secretary and the Witness, each person who signs this section must complete Part A.

Name

Position in Business/Organisation

Date

Signature

If you are a Sole Director without a Company Secretary, in line with the Companies Act 2006 we require your signature to be witnessed. The witness will need to complete this box.

I confirm the above signature was signed in my presence by the individual named above.

Name of the witness

Occupation

Address

Witness Signature

Name of Secretary/Member/Director/Partner (this must be a different individual to above)

Position in Business/Organisation

Date

Signature

Name of Secretary/Member/Director/Partner (this must be a different individual to above)

Position in Business/Organisation

Date

Signature

Name of Secretary/Member/Director/Partner (this must be a different individual to above)

Position in Business/Organisation

Date

Signature

Please call 03457 213 213* if you would like to receive this information in an alternative format such as large print, audio or Braille.

The Co-operative Bank p.l.c. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (No.121885). The Co-operative Bank, Platform, smile and Britannia are trading names of The Co-operative Bank p.l.c., P.O. Box 101, 1 Balloon Street, Manchester M60 4EP. Registered in England and Wales No. 990937. Credit facilities are provided by The Co-operative Bank p.l.c. and are subject to status and our lending policy. The Bank reserves the right to decline any application for an account or credit facility. The Co-operative Bank p.l.c. is a member of the Council of Mortgage Lenders and subscribes to the Lending Code which is monitored by the Lending Standards Board.

*Calls to 0800 and 0808 numbers are free from landlines and mobiles. Calls to 03 numbers cost the same as calls to numbers starting with 01 and 02. Calls to 0845 and 0870 numbers cost 3p per minute, plus your phone company's access charge. Calls to 0844 and 0843 numbers cost 7p per minute, plus your phone company's access charge. Calls may be monitored or recorded for security and training purposes.

Information correct as at 10/2016.

BUSAPP_LC 10/2016