

THE YORKSHIRE DEPOSIT BOND

ACCOUNT APPLICATION FORM

PLEASE USE BLOCK CAPITALS

This form is for INSTITUTIONAL depositors only (corporate, charities, credit unions and other incorporated and unincorporated organisations).

A separate form is available for personal depositors.

The account details

THE YORKSHIRE DEPOSIT BOND

Basic terms and conditions

- 12 month fixed term deposit bond
- Minimum investment £1,000



TM
CHARITY
BANK
IN THE NORTH

A different bank
for people who want
a different world

1. We would like to open a Yorkshire Deposit Bond account

We would like to open the account with

£ _____
(minimum balance £1,000)

Please enclose cheque payable to Charity Bank

2. **Organisation name** (in full):

Registration number (company, charity)

Address to which all communications and statements for this account are to be sent:

Post code

Telephone number (including code)

Fax number (including code)

E mail address

If your organisation holds another Charity Bank account
please provide the account number

3. **Registered address** (if different from above)

Post code

4. **Details of Corporate Trustee** (if appropriate)

Name

Address

Post code

Telephone number (including code)

Fax number (including code)

E mail address

5. **Contact name(s)** including first name, for general communications:

a) _____

position held _____

b) _____

position held _____

c) _____

position held _____

d) _____

position held _____

Preferred contact time:

6. **Mandate details**

How many signatures will be needed to operate the account?

7. **Interest instructions**

Interest will be paid on maturity, i.e.12 months. You have a range of options on what to do with your interest. Please select one of the following choices:

Please tick

Add interest to our account

We wish to donate our interest to the Charity Bank Founder Reserve

We wish to donate our interest to a charity of our choice (name and address of charity)

8. Taxation status

Is gross interest to be paid on this account?

YES

NO

9. Please enclose a copy of one of the following signed by a senior official of the company as a true and up to date copy.

This is not required if you have a Charity Bank account which was opened on or after 1st May 2002. (Former depositors with Investors in Society will need to provide the documentation detailed below, following changes in Money Laundering Regulations).

1. If your organisation is a UK listed company, we need:

- a) Resolution on signing powers
- b) Specimen signatures

2. If it is not quoted, we need:

- a) Certified copies of Certificate of Incorporation and the Memorandum and Articles of Association
- b) Resolution on signing powers
- c) Specimen signatures

3. If your organisation is a credit union or other organisation, we need a certified copy of your rules, constitution or other governing instruments.

The terms and conditions applying to deposit and savings accounts held with Charity Bank are contained in the 2006 edition of Charity Bank Deposit Accounts General Terms and Conditions. If you change your mind within 14 days of opening an account, you can either transfer your deposit to another Charity Bank account or we will refund all of your money together with any interest at the appropriate rate applying to the original account.

Data Protection

Charity Bank will use your information to provide the charitable products/service you have requested. We will not disclose your information to any outside organisation except as part of providing that product/service or when legally advised to do so. From time to time we may offer you other products or services or invite you to events that may be of interest to you.

Please tick under your address details on the next page if you do not wish to be contacted.

10. **Signatures** We, the persons whose signatures appear below, declare that the monies are being /will be deposited with you in the name of the Account holder as beneficial owner. We declare that the information given on this form is true to the best of our knowledge. We hereby authorise you to accept and act on written instructions given

by

(eg any one / two of us).

For and on behalf of Account holder

Chairman

Secretary

IMPORTANT

To conform with the terms of the Money Laundering Regulations 1993 and Guidance Notes 2003, the Bank may carry out an electronic search to verify the identity of the signatories. This involves checking the details you supply against those held on any databases that Experian - the credit reference agency - has access to.

This includes information from the Electoral Register and fraud prevention agencies. We will use scoring methods to verify your identity. A record of this search will be kept by the credit reference agency that may be used to help other companies to verify your identity. We may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record and share this information with other organisations.

If we are unable to confirm the identity of the signatories by electronic means, we may need to ask you for at least two items of documentary evidence to prove their identity before opening an account.

Full Name

Signature

Capacity / Position

Date

Postal Address (Personal)

Date of birth

Please tick this box to indicate your agreement to the bank carrying out an electronic search.

Please tick this box if you do not wish to be contacted.

Full Name

Signature

Capacity / Position

Date

Postal Address (Personal)

Date of birth

Please tick this box to indicate your agreement to the bank carrying out an electronic search.

Please tick this box if you do not wish to be contacted.

Photocopy this page if you require further signatories.

11. **Organisation details**

To prevent or detect fraud, or to assist in verifying your identity, we may make searches at fraud prevention agencies who will supply us with information. We may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record this.

a). What does your organisation do? (Please be as specific as you can)

b) Type of business

(Please tick appropriate description)

- Limited liability partnership
 Company limited by share capital
 Company limited by guarantee

Other, please specify

d) Please indicate if a

- new business
 existing business established in
_____ (date)

e) Business year end

_____ (date)

c) Annual Turnover

- less than £100,000
 £100,000 to £200,000
 £ 200,001 to £ 500,000
 £ 500,001 to £ 999,999
 £ 1 million to £ 4,999,999
 £ 5 million to £ 9,999,999
 £ 10 million to £ 24,999,999
 £25 million to £ 49,999,999
 £ 50 million to £ 100 million
 more than £ 100 million

f) Number of employees

- 0-5
 6-10
 11-20
 21- 50
 51-100
 101 - 250
 more than 250

11. (Continued)

g) Business Accountant / Auditor

Firm name

Address

Contact name

h) Business Solicitor

Firm name

Address

Contact name

j) Do you wish Charity Bank to divulge information requested by your business accountant / auditor or solicitor? *(please tick as appropriate)*

No

Yes. We authorise Charity Bank to disclose any information required.

Authorised signatory

Authorised signatory

Dated

Please return this application form to:

Freepost **RRXA-XECH-RYBZ**
The Charity Bank Limited
194 High Street
Tonbridge
TN9 1BE

To help us as a charity, please affix a postage stamp if possible.



A different bank
for people who want
a different world

Charity Bank in the North
Pannell House,
6 Queen Street,

Leeds LS1 2TW
Phone: 0844 5618230
Fax: 0844 335 0642
enquiriesnorth@charitybank.org
Web site: www.charitybank.org

Supported by



The Region's
Development Agency



Printed on 100% recycled paper. Please recycle further, by passing this on to a friend or colleague.

Registered Office: The Charity Bank Limited, 194 High Street, Tonbridge, Kent TN9 1BE. Registered in England and Wales No. 4330018. Registered charity 1091648.

Charity Bank is authorised and regulated by the Financial Services Authority. An independent member of the CAF family.

Regional Office: Charity Bank in the North, 1 City Square, Leeds, LS1 2ES. Tel: 0844 561 8230

