



## Important – Your Personal Information

**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 notice headed **'Using your personal information'** 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 to us both public (including the electoral register) and shared credit and fraud prevention information.
  - c) Those at fraud prevention agencies (FPAs).
  - d) If you are 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**

This is a condensed version and if you would like to read the full details of how your data may be used for credit referencing and fraud prevention purposes please visit our website at [co-operativebank.co.uk](http://co-operativebank.co.uk) or phone 08457 213 213 or ask one of our staff.

You can contact the CRAs 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, P.O. Box 491, Leeds LS3 1WZ or call 0870 060 1414.
- **Equifax PLC**, Credit File Advice Centre, P.O. Box 3001, Bradford BD1 5US or call 0844 335 0550 or log on to [myequifax.co.uk](http://myequifax.co.uk)
- **Experian**, Consumer Help Service, P.O. Box 8000, Nottingham NG8 7WF or call 0844 481 8000 or log on to [experian.co.uk](http://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.



**Note:**

**ALL organisations must complete the Ethical Policy section.**

Please tick either 'yes' or 'no' for each question.



**Remember:**

**If you answer 'yes' to any of the questions in Ethical Policy Section, please ensure you provide further information.**

Our Ethical Policy promises our customers that we will not do business with 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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any business arrangements with Developing Countries, including imports and overseas operations?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the manufacture of pharmaceuticals?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the provision of water utility services to Developing Countries?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in biotechnology or the development of genetically modified organisms?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in nanotechnology or the development of products utilising nanotechnology?	<input type="checkbox"/>	<input type="checkbox"/>
Have you contravened any environmental legislation or regulations in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the extraction, or distribution of fossil fuels?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the production or distribution of other fuels (e.g. biofuels)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in forestry or the timber trade?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the fishing industry?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the nuclear power industry?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture (or are you involved in the animal testing of) cosmetics, toiletries or household products or their ingredients?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the experimentation or use of great apes for any purpose?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in animal farming?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in blood sports, e.g. fox hunting?	<input type="checkbox"/>	<input type="checkbox"/>
Are you involved in the animal fur trade?	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Section 1

# Declaration



## Note:

**ALL organisations must complete Section 1.**

Please ensure ALL account parties have read Section 1 BEFORE signing Section 8.



## Note:

**Additional Named Individuals** means anyone who will have authority to use the Community account but has NO liability for your organisation, e.g. office manager, secretary, accountant etc.



## Note:

The 'Authority for Additional Named Individual to draw on account' is only applicable if you have completed Section 7.

Details of how the account(s) is/are conducted may be recorded with one or more credit reference agencies and may be shared with and used by other lenders for the purpose of assessing further applications from you (including all Directors, Partners and Committee Members) and members of your household (including all Directors, Partners and Committee Members) 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".

### Organisation name

I/We authorise The Co-operative Bank p.l.c. (the "bank") to:

- act as our bankers, open and operate the account(s) (the "Account(s)") specified by me/us on the application form and provide the Organisation with the services (the "Service") 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) and the service, provided that the instructions are given and/or signed in accordance with the signing authority listed in the account signatories Section 8 on this bank mandate. 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)
- 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 section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using your personal information' notice provided with your terms and conditions. By signing this application you agree that we can use your information in this way.
- In the case of joint account holders, we agree that on application by one of us for an overdraft on the account, the bank may provide oral pre-contractual information to one of us only, prior to the overdraft being agreed. In this case any overdraft terms will be sent to multiple account holders after the overdraft is agreed and available to use.

## Authority for Additional Named Individual to draw on account

**NB. Each additional named individual must complete Section 7. No proof of identity or address is required.**

To: The Co-operative Bank p.l.c.,

I/We authorise and request that until you receive written notice from me/any one of us to the contrary to treat and consider Additional Named Individuals listed in Section 7 as fully empowered by me/us and on my/our behalf:

- to draw, sign and endorse cheques and other orders for payment on my/our account(s) with you
- to draw, sign, accept and endorse bills of exchange and promissory notices on my/our account(s) with you
- to receive cheques, statements and other vouchers relating to my/our account(s) with you
- to withdraw all or any of my/our securities, documents, or other property or anything else held by you by way of security or for safe custody collection or any other purpose whatsoever on my/our account(s)
- to arrange terms with you for the negotiation or discount of any documents
- to negotiate with you for and take advances whether by way of loan, overdraft discount, or otherwise with or without security
- to charge, pledge and deposit with you any of my/our property upon such terms as you may require to secure the payment or discharge to you on demand of all monies and liabilities which shall for the time being (and whether on or at time after such demand) be due owing or incurred to you by me/us whether actually or contingently and whether solely or jointly with any other person and whether as principal or surety including interest, discount commission and other banking charges
- generally to act on my/our behalf in all transactions and matters of business with you and to comply fully with any account terms and conditions and security requirements you may operate in connection with my/our account(s) with you now or in the future
- to pay all interest arising on the above account to the person whose name appears below as the beneficiary of this Third Party Mandate
- and I/we request you to act on the above instructions and in particular to pay and honour all such cheques, orders bills, notes or requests as above mentioned notwithstanding that any such payment may cause my/our said account(s) to be overdrawn or may increase any existing overdraft
- and I/we hereby agree that all acts, matters and things done under or in pursuance hereof after the death, of myself/any one of us shall be binding upon the executors or administrators of and all other persons claiming through or under me/any one of us unless written notice of such death shall have been previously received by you.

### Additional Named Individuals – please print the name of these individuals below:

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
10.	<input type="text"/>

# Section 1

# Declaration continued



**Note:**

This section should be signed in accordance with your rules/constitution or by a minimum of two key officials as appropriate.



**Note:**

If you are a Registered Charity or a Registered Charity Trust, two registered Trustees must sign.



**Note:**

If you are a Trust, all Trustees must sign.



**Note:**

Limited Companies/ Companies Limited by Guarantee: minimum of two Directors/Designated Members must sign this section.  
Limited liability partnerships: all partners must sign this section.

**Useful tip:**

If you require more than four Trustees to sign, please photocopy this page and attach the additional completed page(s) to your application.

I/We agree, declare and hereby resolve:

- that the information provided in this mandate is true and correct
- all signatories to the account are aged 18 or over
- no signatories have been subject to bankruptcy in the last six years
- no signatories have had County Court Judgements registered against them in the last six years
- that the bank shall be notified in writing of any change in limited company share ownership and any change of Directors/Secretary/Members/Trustees/Governors, other official or authorised signatory and shall provide the bank with a copy of any changes to the Constitution/Rules/Memorandum and Articles of Association/Regulations or Bye Laws. Any changes will be subject to FCA requirements
- that the Directors/Members/Trustees/Governors<sup>†</sup>, having carefully considered the terms and conditions for the Account(s) and the Service, have agreed to accept and comply with the terms and conditions
- that this authority shall remain in force notwithstanding any change in our constitution, LLP agreement (if applicable), name or membership
- that the Organisation is empowered by, and is acting within, its constitution in giving instructions for the bank to act as our bankers in the terms set out above
- (in the case of a Trust) that the Trust Deed empowers the Trustees, without restriction or exclusion, to and we do hereby request and authorise The Co-operative Bank p.l.c. in the terms set out above
- (in the case of a Charity) that pursuant to section 82 of the Charities Act 1993,

and

have been given

a general authority to enter into obligations on our behalf and that a copy of the trustees' resolution confirming such delegation shall be attached to the application form and mandate. **(Charities only – please print names of two authorised signatories.)**

Name of Director/Chairman/Member/Head Teacher/Trustee/Officer <sup>†</sup> <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	
Name of Director/Chairman/Member/Head Teacher/Trustee/Officer <sup>†</sup> <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	
Name of Director/Chairman/Member/Head Teacher/Trustee/Officer <sup>†</sup> <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	
Name of Director/Chairman/Member/Head Teacher/Trustee/Officer <sup>†</sup> <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	
Name of Secretary/Member <sup>†</sup> (This must be a different individual to above) <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	
Excerpt of minutes of a meeting of Directors/Members/Trustees/Governors <sup>†</sup> of <input type="text"/>	
Held at <input type="text"/>	On <input type="text"/>

NOTE: <sup>†</sup> delete as appropriate





**Note:**

This is the name of the person in your organisation to which all communications and statements for this account will be sent.



**Note:**

This is the address to which all communications and statements for this account will be sent. Consider carefully 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.



**Note:**

If you are a newly established organisation please complete the financial details section using estimated/projected figures.

## Key contact

Title	Forename (in full)	Middle name
Surname		
Position		
Telephone number (including STD code)		Fax number
Email address		

## Postal address

House number or name and street		
City		Town
Postcode		

## Financial details (These details are compulsory and must be completed in ALL cases)

Date organisation established	day month year	Current year end date	day month year
Annual turnover /expected turnover £	Number of employees	Expected financial growth %	
Where will the majority of your income/turnover come from, e.g. voluntary contributions, grants, etc.?			
By what method do you expect to receive and make the majority of your payments? (Tick the most appropriate.)			
<input type="checkbox"/> cheque	<input type="checkbox"/> electronic payments (BACS/CHAPS)	<input type="checkbox"/> foreign payments	<input type="checkbox"/> cash <input type="checkbox"/> debit/credit cards

## Tax Status

1. Is this the first account you have opened with The Co-operative Bank for this business? (If yes please complete remaining questions below. If no, do not complete any more questions and move directly to "Accountant's Details")	Yes	No
2. Was your business established, or is it resident for tax outside of the UK?		
3. Is your business a Financial Institution?		
4. Does your business generate more than 50% of its income from the creation/sale of goods and/or services?		



**Note:**

Only fill in the accountant's details if they are relevant to your organisation.

By providing your accountant's details you give the bank permission to disclose information to them.

## Accountant's details

Name	<input type="text"/>										
Address	<input type="text"/>										
	<input type="text"/>					Town	<input type="text"/>				
City	<input type="text"/>					Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





**Note:**

The signing authority on a Business Select or Fixed Rate Deposit account will be the same as for your Community account.

**If you are transferring money from your Co-operative Bank account into a Fixed Rate Deposit account, the signing authority for both accounts must be the same.**

**Type of Community account required** (please check and amend if necessary)

All accounts opened in accordance with the Proceeds of Crime Act, Anti-Money Laundering Regulations and the Data Protection Act.

**Current accounts:**

- Community Directplus
- Co-operatives Directplus
- Social Enterprise Directplus

**Deposit accounts:**

- Business Select
- Corporate Reserve
- Fixed Rate Deposit

## Business Select deposit account

Do you require a Business Select account? **(Please tick to confirm)**

**Please indicate which Business Select term you would like:**

- Instant Access
- 14-Day

## Fixed Rate Deposit

Do you require a Fixed Rate Deposit account? **(Please tick to confirm)**

**Please indicate which Fixed Rate Deposit term you would like:**

- Fixed Rate Deposit **1 month**
- Fixed Rate Deposit **3 months**
- Fixed Rate Deposit **6 months**
- Fixed Rate Deposit **12 months**

Please indicate the amount of deposit you would like to pay into the new Fixed Rate Deposit account:

£

Please indicate where the deposit will come from:

- Cheque enclosed with application form
- Transfer from existing Co-operative Bank account

**Cheques should be made payable to the account title as specified in Section 2.**

**If you are transferring funds from a Co-operative Bank account please provide details below.**

Full name of account from which to transfer

Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account type

<input type="text"/>	<input type="text"/>
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# Section 3

# Banking requirements



### Note:

Failure to provide a password could result in us only being able to communicate with you in writing.



### Remember:

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



### Note:

The pass number you enter will be loaded to your account. If you need to change it at any time, please contact us and we will send you the appropriate form to complete and return to us.



### Note:

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®.



### Note:

It is important that you provide the full postcode for your nominated Post Office®.

## Telephone security password (for account opening process only)

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 write your password below:

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

Password

**PLEASE ENSURE YOU HAVE READ AND UNDERSTAND SECTION 1: IMPORTANT INFORMATION.**

## 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.**

Pass number

**PLEASE ENSURE YOU HAVE READ AND UNDERSTAND SECTION 1: IMPORTANT INFORMATION.**

## Stationery requirements

Please indicate below if you require a:

Cheque Book     Co-operative Bank Branch paying-in book

## Post Office® banking

Cash and cheques can be deposited at any Co-operative Bank branch. Please visit our website [co-operativebank.co.uk/branch](http://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 tick this box  and give the FULL postal address details including postcode of your nominated Post Office® below.

Name of Post Office®

Address

Town

City

Postcode

Services required (tick as appropriate):

Deposit cash and/or cheques

Note/coin change facility

How much

£

Frequency

(i.e. daily, weekly etc.)

## Keeping you informed

We and any other organisations whom we feel appropriate would like to tell you by letter, telephone, fax, (including automated dialling), email, SMS (short message service) or any other means of communication, about products and services which we believe would be of interest to you and which are offered by us and other carefully selected organisations or companies.

If you do not want us to do this, please tick this box for further details



**Note:**

**ALL organisations must complete Section 4.**



**Note:**

Please provide Co-operatives Directplus details if they are relevant to your organisation.



**Note:**

We require some additional documentation to support your application. The checklist opposite details the information required. **However, on occasion we may need to ask for further information.**



**Note:**

Failure to enclose the information will result in a delay in processing your application.

## Document checklist

Limited/Community Interest Companies must provide:

Company registration number

Company registration number									

Community Interest Company Number

Community Interest Company Number									

## Co-operatives Directplus details

Membership number									

Please enter your Co-operatives<sup>UK</sup> membership number. By entering your number, you give your consent for the bank to verify this number and your membership with Co-operatives<sup>UK</sup>. If you are not a member, by selecting this account you give your consent for the bank to pass your information to Co-operatives<sup>UK</sup> to allow them to contact you with regard to membership.

Registered address of organisation (Please complete if different from Section 2.)

Name of organisation									
Address									
					Town				
City					Postcode				

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 us with background information regarding the corporate structure.

**If limited by Guarantee we also require:**

An original or a copy of the **Company's Memorandum and Articles of Association** confirming you are a non-profit making organisation.



**Note:**

Only Registered Charities need to complete the boxes opposite. If you are a subsidiary company to a Registered Charity and wish to use their number, we will require a letter from the Registered Charity, on their letter headed paper, giving their authorisation for you and any other named individuals to use their charity number.

Charities must provide:

Charity registration number

Charity registration number									

Company registration number (if Limited)									

Financial Services registration number for approved pension Trustees									

Registered address of Charity/organisation (please complete if different from Section 2)

Name									
Address									
Town									
City					Postcode				

Registered Charities must provide:

- An original or a certified copy of your organisation's governing document in the form of **Rules and Constitution** or **Memorandum and Articles of Association**.
- If your account title does not match that of the main Charity you will be required to provide us with a letter from the Charity, on their letter headed paper authorising you to use their Registered Charity Number.

Unregistered Charities must provide:

- A copy of your organisation's governing document in the form of **Rules and Constitution** or **Memorandum and Articles of Association**.
- Your last **30 days' consecutive business bank statements** for established organisations.

Trusts must provide:

- A certified copy of the relevant sections of your **Trust Deed** detailing Trustees, Beneficiaries and Settlers.
- If you are a Registered Charitable Trust your account title does not match that of the main Charity you will be required to provide us with a letter from the Charity, on their letter headed paper authorising you to use their Registered Charity Number.

Societies registered under the Industrial & Provident Act and

Friendly Society Act must provide:

- Confirmation of FCA/I&P registration** if applicable.
- A copy of your organisation's **Rules and Constitution**.

FCA/I&P/Friendly Society number									

All other organisations (including schools, unincorporated associations, clubs and voluntary organisations) must provide:

- A copy of your organisation's **Rules and Constitution** or **Aims and Objectives**. If your organisation does not hold written rules and constitution document please provide us with a letter confirming your organisation's aims and objectives.
- Where the name of an organisation implies it has direct or indirect links to an established organisation, a letter from the existing organisation, or your governing body, authorising the opening of the account and naming the main officials to act on behalf of the organisation, is required.
- Your last **30 days' consecutive business bank statements** for established organisations.



**Note:**

If there are more than two parties to the account, please photocopy this page as necessary.



**Note:**

Key Account Parties are individuals who have liability for the organisation such as Directors/ Members/Trustees/ Committee Members.



**Note:**

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

**Useful tip:**

If you are a newly appointed Director (within the last three months), please provide a copy of your Form AP01.

Title	Forename (in full)	Middle name
Surname		Any other name(s) you have been known as during the last six years
Date of birth	Nationality	Position within business
day month year		
<b>Individual's shareholding/stakeholding percentage</b> <input type="text"/> %		

Who do you bank with?

Please quote your branch sort code and account number	Branch sort code <input type="text"/> - <input type="text"/> - <input type="text"/>	Account number <input type="text"/>
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Do you already hold a Co-operative Bank account (personal and/or business) with us? If so please complete your sort code and account number in order for us to keep our records up to date.

Branch sort code <input type="text"/> - <input type="text"/> - <input type="text"/>	Account number <input type="text"/>
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Please provide three full years' address history for each person. If necessary, provide additional information on a separate sheet and attach to your application.

Home address

<input type="text"/>	Postcode <input type="text"/>	Time at this address
		years <input type="text"/> months <input type="text"/>

Previous home address (if moved within the last three years)

<input type="text"/>	Postcode <input type="text"/>	Time at this address
		years <input type="text"/> months <input type="text"/>

Home telephone number (including STD code)	Mobile telephone number
<input type="text"/>	<input type="text"/>

**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 section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using your personal information' notice provided with your terms and conditions.

By signing this application 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 Section 8 if you wish to be a signatory on the account.**

Signature <input type="text"/>	Date <input type="text"/>
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**Note:**

If there are more than two parties to the account, please photocopy this page as necessary.



**Note:**

Key Account Parties are individuals who have liability for the organisation such as Directors/ Members/Trustees/ Committee Members.



**Note:**

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

**Useful tip:**

If you are a newly appointed Director (within the last three months), please provide a copy of your Form AP01.

Title	Forename (in full)	Middle name
Surname		Any other name(s) you have been known as during the last six years
Date of birth	Nationality	Position within business
day month year		
<b>Individual's shareholding/stakeholding percentage</b> <input type="text"/> %		

Who do you bank with?

Please quote your branch sort code and account number	Branch sort code	Account number
	<input type="text"/>	<input type="text"/>

Do you already hold a Co-operative Bank account (personal and/or business) with us? 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
<input type="text"/>	<input type="text"/>

Please provide three full years' address history for each person. If necessary, provide additional information on a separate sheet and attach to your application.

Home address

<input type="text"/>	Postcode	Time at this address
<input type="text"/>	<input type="text"/>	years <input type="text"/> months <input type="text"/>

Previous home address (if moved within the last three years)

<input type="text"/>	Postcode	Time at this address
<input type="text"/>	<input type="text"/>	years <input type="text"/> months <input type="text"/>

Home telephone number (including STD code)	Mobile telephone number
<input type="text"/>	<input type="text"/>

**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 section entitled 'Important – Your Personal Information' at the beginning of this application form, the 'Keeping You Informed' section in the application form and the 'Using your personal information' notice provided with your terms and conditions.

By signing this application 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 Section 8 if you wish to be a signatory on the account.**

Signature	Date
<input type="text"/>	<input type="text"/>

**BEFORE COMPLETING THIS SECTION, PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD SECTION 1: IMPORTANT INFORMATION.**

**Useful tip:**

If you require more than one person to fill in this section photocopy it first and then attach the additional completed page(s) to your application.

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

**Individuals with 25% (or more) shareholding/stakeholding:**

(other than those already specified in section 5)

**1**

Title	Forename (in full)	Middle name
Surname		
Date of birth		Any other name(s) you have been known as during the last six years
day	month	year
Nationality		Position within business
Individual's shareholding/stakeholding percentage		

Home address		
Postcode		
Time at this address		years
		months

Previous home address (if moved within the last three years)		
Postcode		
Time at this address		years
		months

Home telephone number (including STD code)	Mobile telephone number
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**Your Consent**

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Signature	Date
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**Note:**

ALL businesses must complete Section 6. **Major Shareholders/ Stakeholders** means any individuals or business/organisation with 25% (or more) holding in issued share capital. If you are shareholders/ stakeholders and reside at the same address and your total shareholding/ stakeholding is 25% (or more), please complete this section.



**Note:**

If there are no additional shareholders/stakeholders, please tick the box at the top of this page.



**Note:**

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

**BEFORE COMPLETING THIS SECTION, PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD SECTION 1: IMPORTANT INFORMATION.**

## Business/organisation with 25% (or more) shareholding/stakeholding:

Business/organisation name <input style="width: 95%; height: 20px;" type="text"/>	
Company registration number (if applicable) <input style="width: 95%; height: 20px;" type="text"/>	Business/organisation shareholding/stakeholding percentage <input style="width: 20px;" type="text"/> %
Registered address of business/organisation <input style="width: 95%; height: 20px;" type="text"/>	
Town <input style="width: 95%; height: 20px;" type="text"/>	
City <input style="width: 95%; height: 20px;" type="text"/>	Postcode <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

## Principal personnel of above named business/organisation

Title <input style="width: 95%; height: 20px;" type="text"/>	Forename (in full) <input style="width: 95%; height: 20px;" type="text"/>	Middle name <input style="width: 95%; height: 20px;" type="text"/>
Surname <input style="width: 95%; height: 20px;" type="text"/>		Any other name(s) you have been known as during the last six years <input style="width: 95%; height: 20px;" type="text"/>
Date of birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> day month year	Nationality <input style="width: 95%; height: 20px;" type="text"/>	Position within business/organisation <input style="width: 95%; height: 20px;" type="text"/>
Business/organisation shareholding/stakeholding percentage <input style="width: 20px;" type="text"/> %		
Home address <input style="width: 95%; height: 20px;" type="text"/>		
Postcode <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		
Time at this address years <input style="width: 20px;" type="text"/> months <input style="width: 20px;" type="text"/>		
Previous home address (if moved within the last three years) <input style="width: 95%; height: 20px;" type="text"/>		
Postcode <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		
Time at this address years <input style="width: 20px;" type="text"/> months <input style="width: 20px;" type="text"/>		
Home telephone number (including STD code) <input style="width: 95%; height: 20px;" type="text"/>		Mobile telephone number <input style="width: 95%; height: 20px;" type="text"/>

## 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.

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

Signature <input style="width: 95%; height: 40px;" type="text"/>	Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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### Useful tip:

If you require more than one person to fill in this section photocopy it first and then attach the additional completed page(s) to your application.

### Useful tip:

If there is more than one business/organisation with a 25% (or more) shareholding/stakeholding, please photocopy this section and then attach the additional completed page(s) to your application.



### Note:

Business/organisation shareholding/stakeholding percentage means the proportion of the business owned by another business/organisation.



### Note:

**Principal personnel** means anyone with liability for the named business/organisation, e.g. business owners, Directors and/or partners.



## Principal personnel of above named business/organisation

Title	Forename (in full)	Middle name
<input style="width: 100%;" type="text"/>		
Surname		Any other name(s) you have been known as during the last six years
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Date of birth		Nationality
<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		<input style="width: 95%;" type="text"/>
day    month    year		Position within business/organisation
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Business/organisation shareholding/stakeholding percentage <input style="width: 10%;" type="text"/> %		

  

Home address		
<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>		
Postcode		Time at this address
<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		years <input style="width: 5%;" type="text"/> months <input style="width: 5%;" type="text"/>

  

Previous home address (if moved within the last three years)		
<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>		
Postcode		Time at this address
<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		years <input style="width: 5%;" type="text"/> months <input style="width: 5%;" type="text"/>

  

Home telephone number (including STD code)	Mobile telephone number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

## 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.

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

Signature	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>



**Note:**

If there are more than two additional signatories to the account, please photocopy this page as necessary.



**Note:**

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

**BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD SECTION 1: IMPORTANT INFORMATION. ONCE COMPLETE, PLEASE SIGN SECTION 1.**

Title	Forename (in full)	Middle name
<input style="width: 100%;" type="text"/>		
Surname		Any other name(s) you have been known as during the last six years
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Date of birth	Nationality	Position within business
<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <small>day month year</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Individual's shareholding/stakeholding percentage</b> <input style="width: 20px;" type="text"/> %		

Who do you bank with?		
<input style="width: 100%;" type="text"/>		
Please quote your branch sort code and account number	Branch sort code	Account number
	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Do you already hold a Co-operative Bank account (personal and/or business) with us? 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
	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Please provide three full years' address history for each person. If necessary, provide additional information on a separate sheet and attach to your application.

Home address		
<input style="width: 100%;" type="text"/>		
Postcode	Time at this address	years
<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
	months	
	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

Previous home address (if moved within the last three years)		
<input style="width: 100%;" type="text"/>		
Postcode	Time at this address	years
<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
	months	
	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

Home telephone number (including STD code)	Mobile telephone number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Useful tip:**

If you are a newly appointed Director (within the last three months), please provide a copy of your Form AP01.

**Your Consent**

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

**Please also complete the Account Signatories Section 8 if you wish to be a signatory on the account.**

Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>



**Note:**

If there are more than two additional signatories to the account, please photocopy this page as necessary.



**Note:**

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**BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD SECTION 1: IMPORTANT INFORMATION. ONCE COMPLETE, PLEASE SIGN SECTION 1.**

Title	Forename (in full)	Middle name
<input style="width: 100%;" type="text"/>		
Surname		Any other name(s) you have been known as during the last six years
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
Date of birth	Nationality	Position within business
<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
day	month	year
<b>Individual's shareholding/stakeholding percentage</b> <input style="width: 10%;" type="text"/> %		

Who do you bank with?		
<input style="width: 100%;" type="text"/>		
Please quote your branch sort code and account number	Branch sort code	Account number
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Do you already hold a Co-operative Bank account (personal and/or business) with us? 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
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Please provide three full years' address history for each person. If necessary, provide additional information on a separate sheet and attach to your application.

Home address		
<input style="width: 100%;" type="text"/>		
Postcode	Time at this address	years
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	months	

Previous home address (if moved within the last three years)		
<input style="width: 100%;" type="text"/>		
Postcode	Time at this address	years
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	months	

Home telephone number (including STD code)	Mobile telephone number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Useful tip:**

If you are a newly appointed Director (within the last three months), please provide a copy of your Form AP01.

**Your Consent**

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

**Please also complete the Account Signatories Section 8 if you wish to be a signatory on the account.**

Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>



**Please call 08457 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., P.O. Box 101, 1 Balloon Street, Manchester M60 4EP. Registered in England and Wales No. 990937.**

**The Co-operative Bank is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (No.121885) and holds an Interim Permission in respect of consumer credit activities and subscribes to the Lending Code and the Financial Ombudsman Service.**

Calls may be monitored or recorded for security and training purposes. Calls to 0800 numbers are free from UK landlines.  
Calls from mobiles may vary and you may want to check this with your service provider.

Credit facilities are subject to status and not available to anyone under 18 years of age. The Co-operative Bank reserves the right to decline any application.  
Information correct as at 06/2014