

CASH HUB ACCOUNT FOR PERSONAL REPRESENTATIVES, EXECUTORS, ATTORNEYS AND DEPUTIES APPLICATION FORM AND MANDATE

For completion by Financial Adviser only

Master Account number

Account number allocated

Outlet code

Important information prior to completion

Please ensure you visit www.caterallen.co.uk to download the FSCS Information Sheet and Exclusions List before completing this application form.

You will be asked to acknowledge receipt of the Information Sheet in the Acceptance section of this application form. Ensure that copies of the applicable supporting documents listed within section 12 are included within your application.

Please complete this form in **BLOCK CAPITALS** and black ink and return it to: Cater Allen Private Bank, 9 Nelson Street, Bradford, BD1 5AN. If you require any assistance during the completion of this form please call us on 0800 092 3300.

1 Account application

Applicant(s) to complete

Please confirm which of the following best describes your role in the operation of this account:

a Personal Representative / Executor

☐

an Attorney

☐

a Deputy

☐

Please confirm which account(s) you would like to open, by ticking the relevant box and telling us the amount you would like to deposit as an opening balance, and in which currency. You can also confirm whether you would like a chequebook, paying-in book(s) and/or a Visa Deferred-Debit card.

Cash Hub Account for Personal Customers¹
(minimum opening balance £2,500)

Chequebook

Over the counter
Paying-in BookPostal deposit
Paying-in BookDebit Card⁵
☒ £ Sterling

£

☐
☐
☐
☐

Sovereign 30 Account¹
(minimum £5,000)

☐ £ Sterling

£

☐
☐

Term Deposit²

(minimum £50,000)

☐ £ Sterling

£

Name to be shown on new Account (to appear on chequebook, debit card and paying-in books where applicable)

Please refer to page 13 for all footnotes

2 Personal Details for all Personal Representatives / Executors, Attorneys and Deputies, Beneficial Owners and Authorised Signatories

Applicant to complete

In order to ensure that the Bank's information is always up to date, and to comply with Anti Money Laundering Regulations, please complete the form below. In some circumstances the Bank may not be able to process this request without this information.

If this application form does not provide you with enough space for everyone's personal details, please photocopy this section of the form and complete for each additional person then attach all relevant pages to this application.

First applicant

If you are an existing Cater Allen Customer, please provide your Cater Allen account number

Personal Representative ☐

Executor ☐

Attorney ☐

Deputy ☐

Authorised Signatory ☐

Beneficial Owner ☐

Are you acting in a professional capacity, e.g. a Solicitor or Accountant?

Yes ☐ No ☐

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Other ☐ If 'Other' please state

Forename(s)

Middle name(s)

Surname

Any other name you have been, or are, known by

Nationality

Date of birth

Do you have dual nationality?

Yes ☐ No ☐

If 'Yes' please specify which country

Current home address (permanent residential address)*

Postcode

Country of residence

How long have you been at your current home address?

Years Months

Telephone (day)

Telephone (eve)

Mobile

Email (optional information)

Previous home address if less than three years at address shown within 'Current home address' field. (If more than one address in the last three years, please provide details of all other addresses on a separate sheet.)

Postcode

How long did you live at this address?

Years Months

Country of birth

Country of Fiscal residence (i.e. the country in which you are currently resident and employed)

Do you make a tax contribution in any other country due to residence or citizenship?

Yes ☐ No ☐

If yes, please specify the countries to which you make tax contributions and provide your corresponding TIN (Tax Identification Number)

Country

TIN

Country

TIN

Country

TIN

Internet Banking Access for Customer³

Please do not tick the following box if you already have Cater Allen Internet Banking Access.

I would like Internet Banking access (all accounts will appear within Internet Banking): ☐

* This is the address to where your Personal Access Code (PAC) and Internet Banking Password (IBP) will be posted. **C/O and PO Box addresses are not acceptable**

Second applicant

If you are an existing Cater Allen Customer, please provide your Cater Allen account number

Personal Representative ☐

Executor ☐

Attorney ☐

Deputy ☐

Authorised Signatory ☐

Beneficial Owner ☐

Are you acting in a professional capacity, e.g. a Solicitor or Accountant?

Yes ☐ No ☐

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Other ☐ If 'Other' please state

Forename(s)

Middle name(s)

Surname

Any other name you have been, or are, known by

Nationality

Date of birth

Do you have dual nationality?

Yes ☐ No ☐

If 'Yes' please specify which country

Current home address (permanent residential address)*

Postcode

Country of residence

How long have you been at your current home address?

Years Months

Telephone (day)

Telephone (eve)

Mobile

Email (optional information)

Previous home address if less than three years at address shown within 'Current home address' field. (If more than one address in the last three years, please provide details of all other addresses on a separate sheet.)

Postcode

How long did you live at this address?

Years Months

Country of birth

Country of Fiscal residence (i.e. the country in which you are currently resident and employed)

Do you make a tax contribution in any other country due to residence or citizenship?

Yes ☐ No ☐

If yes, please specify the countries to which you make tax contributions and provide your corresponding TIN (Tax Identification Number)

Country

TIN

Country

TIN

Country

TIN

Internet Banking Access for Customer³

Please do not tick the following box if you already have Cater Allen Internet Banking Access.

I would like Internet Banking access (all accounts will appear within Internet Banking): ☐

* This is the address to where your Personal Access Code (PAC) and Internet Banking Password (IBP) will be posted. **C/O and PO Box addresses are not acceptable**

Third applicant

If you are an existing Cater Allen Customer, please provide your Cater Allen account number

Personal Representative ☐

Executor ☐

Attorney ☐

Deputy ☐

Authorised Signatory ☐

Beneficial Owner ☐

Are you acting in a professional capacity, e.g. a Solicitor or Accountant?

Yes ☐ No ☐

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Other ☐ If 'Other' please state

Forename(s)

Middle name(s)

Surname

Any other name you have been, or are, known by

Nationality

Date of birth

Do you have dual nationality?

Yes ☐ No ☐

If 'Yes' please specify which country

Current home address (permanent residential address)*

Postcode

Country of residence

How long have you been at your current home address?

Years Months

Telephone (day)

Telephone (eve)

Mobile

Email (optional information)

Previous home address if less than three years at address shown within 'Current home address' field. (If more than one address in the last three years, please provide details of all other addresses on a separate sheet.)

Postcode

How long did you live at this address?

Years Months

Country of birth

Country of Fiscal residence (i.e. the country in which you are currently resident and employed)

Do you make a tax contribution in any other country due to residence or citizenship?

Yes ☐ No ☐

If yes, please specify the countries to which you make tax contributions and provide your corresponding TIN (Tax Identification Number)

Country

TIN

Country

TIN

Country

TIN

Internet Banking Access for Customer³

Please do not tick the following box if you already have Cater Allen Internet Banking Access.

I would like Internet Banking access (all accounts will appear within Internet Banking): ☐

* This is the address to where your Personal Access Code (PAC) and Internet Banking Password (IBP) will be posted. **C/O and PO Box addresses are not acceptable**

Fourth applicant

If you are an existing Cater Allen Customer, please provide your Cater Allen account number

Personal Representative ☐

Executor ☐

Attorney ☐

Deputy ☐

Authorised Signatory ☐

Beneficial Owner ☐

Are you acting in a professional capacity, e.g. a Solicitor or Accountant?

Yes ☐ No ☐

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Other ☐ If 'Other' please state

Forename(s)

Middle name(s)

Surname

Any other name you have been, or are, known by

Nationality

Date of birth

Do you have dual nationality?

Yes ☐ No ☐

If 'Yes' please specify which country

Current home address (permanent residential address)*

Postcode

Country of residence

How long have you been at your current home address?

Years Months

Telephone (day)

Telephone (eve)

Mobile

Email (optional information)

Previous home address if less than three years at address shown within 'Current home address' field. (If more than one address in the last three years, please provide details of all other addresses on a separate sheet.)

Postcode

How long did you live at this address?

Years Months

Country of birth

Country of Fiscal residence (i.e. the country in which you are currently resident and employed)

Do you make a tax contribution in any other country due to residence or citizenship?

Yes ☐ No ☐

If yes, please specify the countries to which you make tax contributions and provide your corresponding TIN (Tax Identification Number)

Country

TIN

Country

TIN

Country

TIN

Internet Banking Access for Customer³

Please do not tick the following box if you already have Cater Allen Internet Banking Access.

I would like Internet Banking access (all accounts will appear within Internet Banking): ☐

* This is the address to where your Personal Access Code (PAC) and Internet Banking Password (IBP) will be posted. **C/O and PO Box addresses are not acceptable**

3 Account name and income details

Applicant to complete

We can only consider your application if all fields within this section are completed.

Please write the name of your new Account below. The Name of your new Account must correspond with either the Grant of Probate confirmation, Power of Attorney, the Court of Protection Order or the Letters of Administration. There is room for a maximum of 22 characters per line.

Contact name

--

Address for correspondence*

Postcode

Telephone (day)

--

Mobile

--

Email (optional information)

--

Fax

--

Name of Account must correspond with either the Grant of Probate Confirmation, the Power of Attorney or the Court of Protection Order.

* For registered and correspondence addresses only UK and BFPO addresses are acceptable. C/O and PO Box addresses are not acceptable.

Purpose of the account?

Management of funds / assets ☐

Other ☐

Disbursement of funds / assets ☐

If 'Other', please state

--

Personal Representatives / Executors

Expected source of deposit / payment ☒ Estate

Power of Attorney & Deputy Accounts

Expected source of deposit / payment

--

Please select from the list below the option which best describes the Beneficial Owner's source of wealth:

Income from employment ☐ Gift ☐

Income from savings / investments ☐ Property sale ☐

Lottery and other winnings ☐ Inheritance ☐

Divorce settlement ☐ Other ☐

If 'Other' please specify

--

Name of Beneficial Owner

--

Expected amount through the account each month

£ per month

Please note that the Beneficial Owner's personal details must be completed in section 2 of this Application Form.

4 Cash Hub Account interest sweep facility

Applicant to complete

Complete this section if you are applying for a Sovereign 30 Account and want the interest to be swept into the Cater Allen Cash Hub account:

Interest payments from your Sovereign 30 Account

I would like all interest collected from my Sovereign 30 Account to swept into my Cash Hub account every month:

Yes ☐ No ☐

If you already have a Cater Allen Sovereign 30 Account, please tick the 'Yes' box and confirm the account number(s) from where the interest will be debited.

Yes ☐ No ☐

Account number

--	--	--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--

5 Term Deposit options only

Applicant to complete

To open a Term Deposit, you must send your funds to us via electronic transfer – we cannot accept a cheque for the deposit amount.

On approval of your application to open a Term Deposit, we will contact you to confirm the paying-in details and process.

Please confirm the length of Term Deposit that you would like to open below:

Term Length Options

Sterling Term Deposit

3 months ☐ 6 months ☐ 9 months ☐

12 months ☐ 24 months ☐ 36 months ☐

6 Details about your financial adviser

Applicant to complete

Name of financial adviser

Telephone

Contact name

Business address of your financial adviser

 Postcode

Email (optional information)

Please note: All Personal Access Codes (PACs) and Internet Banking Passwords (IBPs) issued to financial advisers and the employees of financial advisers listed as authorised signatories on the account(s), will be delivered by post to the business address stated above.

7 Confirmation of Verification of Identity (CVIC)

FCA authorised and regulated financial adviser to complete

For completion by a Financial Conduct Authority (FCA) authorised and regulated Financial Adviser only

If you are an FCA authorised and regulated Financial Adviser who has fully verified the identities of your customer(s) as listed in section 2 of this form, please read and confirm the following details by completing and signing this section.

Please note: This section should only be completed by FCA authorised and regulated financial advisers – if you do not have an FCA authorised and regulated Financial Adviser, please proceed to section 8.

Full name of introducing firm

Regulator reference number

7 Confirmation of Verification of Identity (CVIC) (continued)

FCA authorised and regulated Financial Adviser to complete

First applicant

Full name (including any middle names)

Date of birth

Current home address

Postcode

Second applicant

Full name (including any middle names)

Date of birth

Current home address

Postcode

Third applicant

Full name (including any middle names)

Date of birth

Current home address

Postcode

Fourth applicant

Full name (including any middle names)

Date of birth

Current home address

Postcode

Confirmation

I/We confirm that:

- (a) the information provided in this section was obtained by me/us in relation to the customer;
- (b) the evidence I/we have obtained to verify the identity of the customer(s) (tick only one):

meets the standard evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group ("JMLSG"); or

☐

exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

☐

FCA authorised and regulated Financial Adviser's Signature

Name

Position

Date

8 Data Protection Statement

Applicant to complete

Providing you with information

I confirm that I am entitled to disclose information about any parties named on the application form. If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

Using my personal information

Whether or not I become a customer, you may use all the information I give to you Cater Allen Private Bank, or it holds on me, including transactional data, to provide and run the account or service I have applied for. This includes information about the conduct (including details of transactions) of any account or policy that I have with the

Bank, a group company or an associated company. The Bank may also use my information to help it develop and improve its products and services. The Bank will keep information about me after my account is closed.

Sharing my personal information

The Bank may share my information for the purposes described in this statement with the group of companies to which The Bank belongs (the Santander group) and its associated companies, and with service providers or agents. These companies may be based in other countries. I understand that the Bank will make sure that my information is only used in line with its instructions and its own strict

policies on confidentiality. If the Bank transfers my information to another country, it will also make sure that it gives it the same levels of protection as needed under the UK Data Protection Act. The Bank may also give essential information about my Account and cards (if any) to others if needed to run my account and for regulatory purposes.

My marketing preferences

- You may invite me to take part in market research surveys. If I don't want to be included in market research, I can tick this box: ☐

If I have been introduced to you via a Financial Adviser I understand that you will not use my information for marketing purposes (although I may still receive details of products and services from other Santander group companies if I have agreed with them to receive such information).

If I am a customer dealing directly with Cater Allen Private Bank you may identify and let me know by post, telephone or electronic media (including email and SMS) of products or services, which the Bank thinks may interest me. (If I am aged over 18, when deciding whether to provide me with details of a credit product the Bank may search the files of credit reference agencies who will not make a record of this search available to other lenders who search my file.)

If I don't want information on other products and services I can tick the following boxes. Please do not contact me:

by telephone ☐ by post ☐ by e-mail ☐
by SMS (when available) ☐

Unless I have said otherwise, by continuing with this application I agree to you contacting me using any of the methods shown above.

I understand that I may receive details of products and services from other Santander group companies if I have agreed with them to receive such information.

Credit reference agencies

I understand that when the Bank assesses this application, and any future increase in my credit or overdraft limit (this does not apply to those under 18), it will use the information for credit assessment, which may include credit scoring. The Bank may make any enquiries relating to me and my Personal Representative/Executor that you consider necessary (for example, from another financial institution) and search the files of credit reference agencies at my business and home address, which will keep a record of each search. This could affect my ability to get credit elsewhere within a short period of time. Details about this application (whether or not it goes ahead) will be recorded at the credit reference agency. A financial link between joint applicants or between myself and any other person will be created at the credit reference agency. This will link our financial records, where each will be taken into account in all future applications by either or both of us. If I already have a financial association the Bank will assess my application on this basis. This situation will continue until one of us successfully files for a 'disassociation' at the credit reference agency. The Bank will also pass details about me, my business and how I run my account (if my application is successful)

to credit reference agencies. When appropriate the credit reference agencies and/or fraud prevention agencies will also record details of my agreement with the Bank, the payments I make under it and any default or failure to keep to its terms and any deliberate non-payment following a change of address without notice.

Verifying my identity and fraud checks

Before the Bank can open this account or set up my policy, in order to prevent or detect fraud the Bank will check and share the information provided in this application or at any stage with fraud prevention agencies, and may make searches at credit reference agencies who will supply the Bank with information, including information from the electoral register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. A record of this process will be kept that may be used to help other companies to verify my identity. If false or inaccurate information is provided and fraud identified details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

The Bank and other organisations may search and use the records held by credit reference and fraud prevention agencies to prevent and investigate crime, fraud and money laundering and for example:

- to check details on applications for credit and credit related or other facilities
- to verify my identity if I or my financial associate applies for other facilities
- to undertake statistical analysis and system testing
- to manage credit and credit related accounts or facilities
- to recover debt and trace my whereabouts
- to check details on proposals and claims for all types of insurance
- to check details of job applicants and employees

The Bank may also search and use your internal records for these purposes.

The Bank and other organisations may search and use from other countries the information recorded at fraud prevention agencies. I understand further information on the credit reference agencies and fraud prevention agencies you use is available by telephoning your Agents on 0800 092 3300.

Cards on my account

If I have cards on this account, I understand that the Bank may give information on transactions I have made using my cards on my account to any payment system under which the Bank issues my cards (for example Visa or MasterCard), who may transfer the information overseas to deal with transactions, to resolve disputes and for statistical purposes.

Access to my information

I understand I have the right to see certain records that the Bank holds about me if I pay a fee* and I can get an information sheet (Subject Access Info Sheet) explaining my rights by calling 0800 092 3300.

* Please see Banking Tariff for details.

Personal Representative/Executors/Attorney/Deputies

I/We, (the 'Account Holder') being a Personal Representative/Executor/Attorney/Deputy hereby apply to open an Account ('the Account') with Cater Allen Private Bank ('the Bank') on the published Terms and Conditions thereof ('the Conditions'), which we acknowledge having received and to which we agree to be bound and any subsequent amendments which the Bank may inform us of from time to time, and in accordance with the Mandate below which shall remain in effect until a new Mandate is executed, and which we understand and accept and hereby request and authorise the Bank:

- (a) To honour and comply with all cheques drawn on our behalf and debit such cheques to the Account;
- (b) To honour and comply with all instructions for withdrawal from the Account;
- (c) To collect for credit to the Account, all instruments endorsed on behalf of the Account Holder as named above.

Provided that such cheques, instructions or endorsements are signed by our Authorised Signatories as detailed below (please complete and tick the appropriate boxes):

You can choose the number of signatories you wish to have on your Account. Please tick only ONE of the boxes below.

Total number of Authorised Signatories to be held on this account:

(Please write only one number in this box)

Please note that if any VISA Deferred-Debit cards are issued on the Account, then the Account must be set up so that only ONE signature is required to authorise any transaction.

In consideration of the Bank agreeing to operate the Account in accordance with the Mandate and allowing the arrangements requested herein and/or as a result of any operation of the Account in accordance with this Mandate, I/we hereby agree:

i. to indemnify the Bank and agree to keep the Bank indemnified from and against all losses, claims, expenses and liabilities whatsoever which I/we may sustain or incur or become responsible for in any way as a result of our agreeing to allow the arrangements described above; and

ii. that this mandate and indemnity is governed by the laws of England and

I/we agree to submit to the exclusive jurisdiction of the English courts.

You can choose the number of signatories required to authorise any single transaction. Please tick any **one** of the boxes below.

☐ any one signature

☐ any two signatures

☐ more than two signatures, please specify how many

The instructions of the signatories appearing in section 10, when appearing in accordance with the current Mandate to operate the above account, will be honoured whether the Account is in credit or debit.

Provided further that the Bank be furnished with a list giving the full names and specimen signature and documentary proof of name and home address of each of the persons referred to in section 10, certified, where applicable, by my financial adviser and that the Bank receives notice in writing of any change there may be or any further such list, in each case and the Bank may be assured that any Resolutions have not been amended or revoked until it receives notice in writing thereof.

I/We authorise the Bank to make enquiries and to take up references as it considers appropriate in connection with this application form and this authorisation is to remain effective until the Bank receives our written notification to the contrary.

I/We agree that any indebtedness or liability incurred to the Bank under this authority shall, in the absence of any express written agreement by the Bank to us, be due and payable on demand.

I/We shall, as and when necessary, supply to the Bank lists of current Designated Members and, if applicable, other officials authorised to sign, with specimen signatures in accordance with the current Mandate to operate the above Account.

I/We authorise the Bank to disclose details of that Account to our Financial Adviser, or their successors in title (unless advised to the contrary). I/We acknowledge that my Financial Adviser may receive commission in respect of the Account.

The Bank is hereby authorised to comply with all withdrawal instructions given by facsimile, providing that such instructions are signed in accordance with the current Mandate to operate the above Account. The Bank may act upon such instructions immediately and without further enquiry unless it has cause to be suspicious as to the nature and content of the request.

Copy Statements Preferences

Please read the following preferences and confirm as to whether or not you wish your Financial Adviser to receive copies of all statements issued in respect of your Account by ticking the corresponding box:

I/We authorise the Bank to send copies of all statements issued in respect of my/our Account ☐

I/We do not authorise the Bank to supply copies of all statements issued in respect of my/our Account ☐

I/We understand that the Bank accepts no liability whatsoever in respect of any losses which may be suffered as a result of any fraud or negligent misuse of the banking services including telephone banking unless such loss occurs as a result of fraud or negligence on the part of the Bank or its employees or agents.

The above authority shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in our constitution (or name), and shall apply notwithstanding any change by death, bankruptcy, retirement or otherwise.

Changes to Signatories

The Bank will not accept changes in Authorised Signatories unless detailed on our appropriate Renewal Mandate form.

Closure of Account

The Bank will not accept notification of closure of this Account unless it is authorised by the correct signatories as detailed on the valid Mandate that is in existence at that point in time.

10 Authorised Signatories on this Account

Applicant(s) to complete

Anyone who wishes to be able to view and/or transact on this Account must be identified as an Authorised Signatory.

If you are not identified as an Authorised Signatory then we will not accept your signature as authorisation to carry out a transaction, e.g. on a letter, on a cheque, on a faxed request, etc.

The following Authorised Signatories wish to operate this account ("The Account") with Cater Allen Private Bank ("The Bank"):

Full name

Position

Signature

Date

Full name

Position

Signature

Date

Your Financial Adviser and employees of your Financial Adviser's firm

Your Financial Adviser and employees of your Financial Adviser's firm can also be included as Authorised Signatories on your Account.

If your Financial Adviser and employees of your Financial Adviser's firm are not identified as Authorised Signatories then the Bank will not accept their signature as authorisation to carry out a transaction, e.g. on a letter, on a cheque, on a faxed request, etc.

A separate 'Authorised Signatories' template is available for this purpose and can be downloaded from www.caterallen.co.uk/hub-account.

Please ensure that all signatories are captured within this form and the document returned to: Cater Allen Private Bank, Cash Hub Account Additional Signatories, 9 Nelson Street, Bradford BD1 5AN.

Please read the following important information carefully and select from the following options before moving onto the next section:

Financial Adviser view only access to all Accounts applied for within this form

- ☐ I/We hereby confirm authorisation for my/our Financial Adviser and any authorised employees of my Financial adviser's firm, as stipulated within the separate Supplementary Authorised Signatories form supplied with this application, to be included as additional signatories **to have view only access to this/these Account(s)** applied for within this form.

Financial Adviser full transactional access to the Cash Hub only (with view only access to all other accounts applied for within this form)

- ☐ I/We hereby confirm authorisation for my/our Financial Adviser and any authorised employees of my financial adviser's firm, as stipulated within the separate Supplementary Authorised Signatories form supplied with this application, to be included as additional signatories **to operate and view the Cash Hub account, and have view only access to all other Account(s)** applied for within this form.

Authorised Signatories opt-out

- ☐ I/We will not be providing a separate Supplementary Authorised Signatories form and hereby confirm that **I/We will not be granting authorisation for my/our Financial Adviser and any authorised employees of my Financial Adviser's firm to operate the cash hub***

* Please note, as stated within the Account Declaration and Mandate section of this application form, the Bank is authorised to disclose details of your Account to your Financial Adviser, or their successors in title.

It is important to note that authorised signatories will be provided with transactional access to the Cash Hub Account only. All other Accounts will be accessible with view only access via internet banking.

Only one supplementary Authorised Signatory form per firm is required. In the event of any amendment(s) (inclusive of signatory removals or additions), please ensure that an updated form and covering letter is supplied to the above address for processing.

11 Authorisation (Power of Attorney Accounts only)

Applicant to complete

On all types of Power of Attorney account we require this Authorisation to be signed by all Beneficial Owners of the Account (the grantors of the Power of Attorney) who are mentally capable.

By signing this Application Form I / we agree that:

- ☐ I / We give my / our Authorisation for the 3rd Party as named on this application to open and operate an account with Cater Allen Private Bank on my / our behalf.
- ☐ I / We have read and understand the Data Protection Statement, and agree that the Bank can use my/our information as stated in the Statement.

Full name

Position

Signature

Date

Full name

Position

Signature

Date

12 Important checklist

Applicant to complete

Impersonation checks/non face-to-face verification – As a means of verifying identity, electronic checks are undertaken by the Bank on all applicants and related parties included within the Personal details section. Specific supporting documents are required for submitting in conjunction to these electronic checks*.

Please read the following sections and complete the tick box if applicable:

Specific document requirements for verification of Personal Representative/Executor/Confirmation Accounts

Please supply one of the following items:

- ☐ a sealed original copy of the Grant of Probate and the Death Certificate and the will or
- ☐ Letters of Administration evidencing the authority of the Personal Representative or Executor to administer the estate.

Specific document requirements and checklist for verification of Power of Attorney Accounts

- ☐ a copy of the Power of Attorney

Was this Power of Attorney established before 01/10/2007?

Yes ☐ No ☐

Is the Beneficial Owner mentally incapacitated?

Yes ☐ No ☐

If 'Yes' has the Attorney been registered with the Office of the Public Guardian?

Yes ☐ No ☐

Specific document requirements for verification of Appointed Deputies

- ☐ A copy of the Court of Protection Order

For personal customers introduced by a Financial Conduct Authority authorised and regulated financial adviser

- ☐ My/our Financial Conduct Authority authorised and regulated financial adviser has completed section 7 (Confirmation of Verification of Identity, 'CVIC') to verify all parties to the Account.

If a CVIC is not being provided

- ☐ I/We have completed the separate Customer Identification Requirements Sheet** and provided copies of the necessary ID documents which have been certified as "a true copy of the original" by a "professional" (Bank employee, Lawyer, Accountant or Notary) in the UK or an equivalent jurisdiction***; **or**
- ☐ I/We have enclosed a personal cheque written from an account opened in my/our name with a bank in the UK or an equivalent jurisdiction for the total amount I/We wish to place on deposit and made payable to the name of the Account; **or**
- ☐ I/We acknowledge that an impersonation check in the form of a letter will be sent to each applicants home address by Cater Allen Private Bank and that I/We will complete the relevant section of this letter and return to Cater Allen Private Bank in order that the verification process can be completed and your Account activated. Please note that if this option is taken, the Account will not be activated until the signed letter is received by Cater Allen.

Term Deposit applications

Term Deposit accounts can only be opened via the electronic transfer of funds.

Required documents

For personal customers introduced by a Financial Conduct Authority authorised and regulated financial adviser

- ☐ Our Financial Conduct Authority authorised and regulated financial adviser has completed section 7 (Confirmation of Verification of Identity Certificate 'CVIC') to verify all parties to the Account

For direct personal customers and introduced customers who are not providing a CVIC or Certified ID and only applying for a term deposit within this form

- ☐ I/We acknowledge that an impersonation check in the form of a letter will be sent to each applicants home address by Cater Allen Private Bank and that I/We will complete the relevant section of this letter and return to Cater Allen Private Bank in order that the verification process can be completed and your Account activated

*Additional supporting documentation may be requested upon completion of these electronic checks

**The Customer Identification Requirements Sheet can be accessed via www.caterallen.co.uk

***If these documents are not certified by a "professional", then we will be required to carry out additional identity checks

Please note: Absence of any of the above required documents will result in delays to the opening of your account.

This acceptance must be signed by all applicants:

- Personal Representative/Executor – the Personal Representatives or Executors are required to sign
- Attorney – the Attorney is required to sign
- Deputy – the Deputy is required to sign

By signing this Application Form we agree that:

- I/We have completed all relevant sections of this application form
- I/We have read and understand the Declaration and Mandate and Data Protection Statement, and agree that the Bank can use our information as stated in the statement.
- I/We have received and accept the Terms and Conditions of this account and agree to also be bound by any subsequent amendments advised to me/us by the bank from time to time.
- I/We hereby certify that the information provided in this application form is, to the best of our knowledge and belief, accurate and complete in all respects.

- I/We confirm the validity of the Authorised Signatories provided with this application.
- Cater Allen Private Bank is duly authorised to operate the Account(s).
- I/We confirm the information contained in the application form is true and correct.
- I undertake to advise Cater Allen Private Bank within 30 days of any change in circumstances which affects my tax residency status or causes the information contained herein to become incorrect.
- I have received a copy of the FSCS Information Sheet and Exclusions List. **All applicants/signatories must initial below to confirm receipt of the FSCS Information Sheet;**

First person

Second person

Third person

Fourth person

Signature of first person

Full name

Position

Signature

Date

Signature of third person

Full name

Position

Signature

Date

Signature of second person

Full name

Position

Signature

Date

Signature of fourth person

Full name

Position

Signature

Date

Notes**Applicant(s) to read**

- ¹ Personal cheques should be made payable to the name that you wish your new Account to be in. No cash, postal orders or third party cheques accepted.
- ² The option to open a Term Deposit is restricted to the electronic transfer of funds only.

- ³ Please note that transactional access to the Cash Hub Account is provided to the applicant(s) and all authorised signatories via Internet Banking.
- ⁴ If you request a Debit Card, it will be sent to you when the opening funds are available on your Account, and you have satisfied the minimum balance criteria.

For CAPB completion only

Marketing Code

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Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print, Braille and Audio CD. If you would like to register to receive correspondence in an alternative format please contact us on 0800 092 3300 or 0330 123 0719 from a mobile. For the hard of hearing and/or speech impaired please use the Text Relay service. Further details can be found at <http://ngts.org.uk/>

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