IBB ISLAMIC BANK OF BRITAIN

PARTNERSHIPS APPLICATION FORM

It is important that you complete this application form in full to enable us to offer you Banking Services. Please ensure all applicants sign the application. Please use black ink and BLOCK capitals. In other cases, please tick clearly the appropriate box. If you require help to complete the application form please call our Customer Services Centre on 0845 6060 786. Applicants must be over 18 and have a UK registered address.

SECTION A – BUSINESS DETAILS

Business Name — Please note: The name you enter here will appear as the first line on your cheque book, statements and paying in books (Maximum 35 characters)

Current Business Address

Contact Name — Unless otherwise stated all correspondence will be sent to the contact name at this address (maximum 35 characters)

Position held

Address

Postcode/Zipcode — Date moved to address M M Y Y Y Y

Previous Business Address

If your business has been at the current address for less than 3 years please supply previous address(es) for this period. If the business has had more than one previous address, please attach details on a separate piece of paper.

Postcode/Zipcode — Date moved to address M M Y Y Y Y

When did the business begin operating? M M Y Y Y Y

Nature of business

Tel No. Incl STD — Fax No. Incl STD

Business Email Address

VAT number — Number of Directors/Partners — Number of employees

Type of business premises — Owned outright — Owned with mortgage — Property value £ — Mortgage outstanding £

Name ofl ender

Rented — Leased — Office at home — Other

Turnover for last year £ — Anticipated annual turnover through the account(s) £

Existing Business Bank Details

We will not contact your bank without your permission

Does your business have an existing bank account with Islamic Bank of Britain Plc? Yes No If yes, please give: Sort Code — Account Number

Does your business have an existing bank account with another bank? Yes No If yes, please give: Sort Code — Account Number

Bank name and address

Postcode/Zipcode

Islamic Bank of Britain is authorised and regulated by the Financial Services Authority.
Incorporated and Registered in England and Wales with Registration No. 4483430. Registered Office: Edgbaston House, 3 Duchess Place, Hagley Road, Birmingham B16 8NH.
www.islamic-bank.com

SECTION B – PERSONAL DETAILS – FIRST PARTNER – TO BE COMPLETED IN ALL CASES

Personal

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (Please state) ☐

First Name

Middle Name

Surname/Last Name

Passport Number (non residents only)

Country of Issue (non residents only)

If Dual Nationality Passport Number (non residents only)

If Dual Nationality Country of Origin (non residents only)

Town of Birth

Country of Birth

Any other name you are, or have been known by

Are you: Married ☐ To be married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐ Other ☐

Date of Birth D D M M Y Y Y Y

Sex: Male ☐ Female ☐

Number of dependent children

Address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Mother's family name (passwords for security)

School name (passwords for security)

Home Tel No. Incl STD

Mobile Tel No. Incl STD

Personal Email Address

Please provide details of your previous address(es) ifl ess than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Second previous address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Senior Partner should initial and date each page: Initial ☐ Date ☐

Your Home Details

Are you: Owner occupier ☐ Joint owner ☐ Living with parents ☐ Tenant furnished ☐ Tenant unfurnished ☐ Council tenant ☐ Other ☐

If you own your home please give:

Estimated value of your home £ Mortgage Outstanding £

Name of Lender

Employment

Only complete if you have other paid employment.

Employment status: Senior Management ☐ Management/ Professional ☐ Supervisor ☐ Skilled ☐ Semi Skilled ☐ Unskilled ☐ Junior ☐ Other

Employment type: Employed ☐ Self-employed professional ☐ Self-employed non-professional ☐ Homemaker ☐ Student ☐ Retired ☐ Part time ☐ Temporary Employment ☐ Unemployed ☐ Other

If you are in employment/self-employed please complete

Employer's Name

Business Address

Postcode/Zipcode Employer's Tel No. Incl STD

Work Email Address

Nature of Employer's Business

Occupation

Date employment commenced D D M M Y Y Y Y How many years have you worked in the industry?

Financial (Personal)

Name of your present bank/building society

Date account opened D D M M Y Y Y Y

Sort Code Account No.

Will you keep this account open? Yes ☐ No ☐ Do you already hold any Debit Cards? Yes ☐ No ☐

Do you have any credit cards issued by: Amex ☐ Diners Club ☐ Mastercard ☐ Visa ☐ Storecards ☐

Have you ever: Been declared bankrupt? Yes ☐ No ☐

Existing customer details

If you are an existing customer of Islamic Bank of Britain, please provide your account details.

Account Number

Account Number

Account Number

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed Date

Senior Partner should initial and date each page: Initial Date

OTHER ACCOUNT USERS

If you would like a second partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KYC/Identification checks pursuant to money laundering regulations.

PERSONAL DETAILS – SECOND PARTNER

Personal

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (Please state) ☐

First Name

Middle Name

Surname/Last Name

Passport Number (non residents only)

Country of Issue (non residents only)

If Dual Nationality Passport Number (non residents only)

If Dual Nationality Country of Origin (non residents only)

Town of Birth

Country of Birth

Any other name you are, or have been known by

Are you: Married ☐ To be married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐ Other ☐

Date of Birth D D M M Y Y Y Y

Sex: Male ☐ Female ☐

Number of dependent children

Address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Mother's family name (passwords for security)

School name (passwords for security)

Home Tel No. Incl STD

Mobile Tel No. Incl STD

Personal Email Address

Please provide details of your previous address(es) ifl ess than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Second previous address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Senior Partner should initial and date each page: Initial ☐ Date ☐

Your Home Details

Are you: Owner occupier ☐ Joint owner ☐ Living with parents ☐ Tenant furnished ☐ Tenant unfurnished ☐ Council tenant ☐ Other ☐

If you own your home please give:

Estimated value of your home £ Mortgage Outstanding £

Name of Lender

Employment

Only complete if you have other paid employment.

Employment status: Senior Management ☐ Management/ Professional ☐ Supervisor ☐ Skilled ☐ Semi Skilled ☐ Unskilled ☐ Junior ☐ Other

Employment type: Employed ☐ Self-employed professional ☐ Self-employed non-professional ☐ Homemaker ☐ Student ☐ Retired ☐ Part time ☐ Temporary Employment ☐ Unemployed ☐ Other

If you are in employment/self-employed please complete

Employer's Name

Business Address

Postcode/Zipcode Employer's Tel No. Incl STD

Work Email Address

Nature of Employer's Business

Occupation

Date employment commenced D D M M Y Y Y Y How many years have you worked in the industry?

Financial (Personal)

Name of your present bank/building society

Date account opened D D M M Y Y Y Y

Sort Code Account No.

Will you keep this account open? Yes ☐ No ☐ Do you already hold any Debit Cards? Yes ☐ No ☐

Do you have any credit cards issued by: Amex ☐ Diners Club ☐ Mastercard ☐ Visa ☐ Storecards ☐

Have you ever: Been declared bankrupt? Yes ☐ No ☐

Existing customer details

If you are an existing customer of Islamic Bank of Britain, please provide your account details.

Account Number

Account Number

Account Number

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed Date

Senior Partner should initial and date each page: Initial Date

OTHER ACCOUNT USERS

If you would like a third partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KYC/Identification checks pursuant to money laundering regulations.

PERSONAL DETAILS – THIRD PARTNER

Personal

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (Please state) ☐

First Name

Middle Name

Surname/Last Name

Passport Number (non residents only)

Country of Issue (non residents only)

If Dual Nationality Passport Number (non residents only)

If Dual Nationality Country of Origin (non residents only)

Town of Birth

Country of Birth

Any other name you are, or have been known by

Are you: Married ☐ To be married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐ Other ☐

Date of Birth D D M M Y Y Y Y

Sex: Male ☐ Female ☐

Number of dependent children

Address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Mother's family name (passwords for security)

School name (passwords for security)

Home Tel No. Incl STD

Mobile Tel No. Incl STD

Personal Email Address

Please provide details of your previous address(es) if less than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Second previous address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Senior Partner should initial and date each page: Initial ☐ Date ☐

Your Home Details

Are you: Owner occupier ☐ Joint owner ☐ Living with parents ☐ Tenant furnished ☐ Tenant unfurnished ☐ Council tenant ☐ Other ☐

If you own your home please give:

Estimated value of your home £ Mortgage Outstanding £

Name of Lender

Employment

Only complete if you have other paid employment.

Employment status: Senior Management ☐ Management/ Professional ☐ Supervisor ☐ Skilled ☐ Semi Skilled ☐ Unskilled ☐ Junior ☐ Other

Employment type: Employed ☐ Self-employed professional ☐ Self-employed non-professional ☐ Homemaker ☐ Student ☐ Retired ☐ Part time ☐ Temporary Employment ☐ Unemployed ☐ Other

If you are in employment/self-employed please complete

Employer's Name

Business Address

Postcode/Zipcode Employer's Tel No. Incl STD

Work Email Address

Nature of Employer's Business

Occupation

Date employment commenced D D M M Y Y Y Y How many years have you worked in the industry?

Financial (Personal)

Name of your present bank/building society

Date account opened D D M M Y Y Y Y

Sort Code Account No.

Will you keep this account open? Yes ☐ No ☐ Do you already hold any Debit Cards? Yes ☐ No ☐

Do you have any credit cards issued by: Amex ☐ Diners Club ☐ Mastercard ☐ Visa ☐ Storecards ☐

Have you ever: Been declared bankrupt? Yes ☐ No ☐

Existing customer details

If you are an existing customer of Islamic Bank of Britain, please provide your account details.

Account Number

Account Number

Account Number

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed Date

Senior Partner should initial and date each page: Initial Date

OTHER ACCOUNT USERS

If you would like a fourth partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KYC/Identification checks pursuant to money laundering regulations.

PERSONAL DETAILS – FOURTH PARTNER

Personal

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (Please state) ☐

First Name

Middle Name

Surname/Last Name

Passport Number (non residents only)

Country of Issue (non residents only)

If Dual Nationality Passport Number (non residents only)

If Dual Nationality Country of Origin (non residents only)

Town of Birth

Country of Birth

Any other name you are, or have been known by

Are you: Married ☐ To be married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐ Other ☐

Date of Birth D D M M Y Y Y Y

Sex: Male ☐ Female ☐

Number of dependent children

Address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Mother's family name (passwords for security)

School name (passwords for security)

Home Tel No. Incl STD

Mobile Tel No. Incl STD

Personal Email Address

Please provide details of your previous address(es) ifl ess than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Second previous address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Senior Partner should initial and date each page: Initial ☐ Date ☐

Your Home Details

Are you: Owner occupier ☐ Joint owner ☐ Living with parents ☐ Tenant furnished ☐ Tenant unfurnished ☐ Council tenant ☐ Other ☐

If you own your home please give:

Estimated value of your home £ Mortgage Outstanding £

Name of Lender

Employment

Only complete if you have other paid employment.

Employment status: Senior Management ☐ Management/ Professional ☐ Supervisor ☐ Skilled ☐ Semi Skilled ☐ Unskilled ☐ Junior ☐ Other

Employment type: Employed ☐ Self-employed professional ☐ Self-employed non-professional ☐ Homemaker ☐ Student ☐ Retired ☐ Part time ☐ Temporary Employment ☐ Unemployed ☐ Other

If you are in employment/self-employed please complete

Employer's Name

Business Address

Postcode/Zipcode Employer's Tel No. Incl STD

Work Email Address

Nature of Employer's Business

Occupation

Date employment commenced D D M M Y Y Y Y How many years have you worked in the industry?

Financial (Personal)

Name of your present bank/building society

Date account opened D D M M Y Y Y Y

Sort Code Account No.

Will you keep this account open? Yes ☐ No ☐ Do you already hold any Debit Cards? Yes ☐ No ☐

Do you have any credit cards issued by: Amex ☐ Diners Club ☐ Mastercard ☐ Visa ☐ Storecards ☐

Have you ever: Been declared bankrupt? Yes ☐ No ☐

Existing customer details

If you are an existing customer of Islamic Bank of Britain, please provide your account details.

Account Number

Account Number

Account Number

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed Date

Senior Partner should initial and date each page: Initial Date

SECTION C – PRODUCTS & SERVICES

Please indicate by ticking the box(es) which product(s) you are applying for.

Current Account ☐ Savings Account ☐ Term Deposit Account ☐ Treasury Deposit Account* ☐ 60 Day Notice Account ☐

If you are enclosing a cheque(s) for deposit into your new account(s) please state amount £

These products are subject to our **Business Banking Terms and Conditions** and where applicable, **Special Conditions**.
You should make sure you have received them and that you understand them and agree to be bound by them before you apply. In the case of Savings Accounts and Term Deposit Accounts please also complete the supplementary Savings and Term Deposit Account Form.

*To open a Treasury Deposit Account you will need to open a Current Account and/or a Savings Account.

SECTION D – PAYMENT OF PROFIT ON YOUR SAVINGS ACCOUNT(S)

Payment of gross profit share

You may be able to receive your profit share gross provided that you are eligible under Inland Revenue regulations and provided that the account is not a relevant deposit as set out in Section 481 of the Income and Corporation Taxes Act 1988. We may confirm your tax status with your local tax office to satisfy us that profit may be paid gross. If you are eligible, please confirm you wish to receive your gross profit by ticking the box below:

Gross ☐

Your profit share will be paid into your savings account. If you do not want your profit share paid into this account please let us know which Islamic Bank of Britain account you would like this paid into, when your account(s) have been opened.

SECTION E – HOW DID YOU HEAR ABOUT ISLAMIC BANK OF BRITAIN?

Received info through post ☐ TV advert ☐ Radio advert ☐ Newspaper advert ☐ Word of mouth ☐ Recommendation by family/friend ☐

Through the Masjid ☐ Press article ☐ Internet search ☐ Website ☐ Other

SECTION F – MANDATE

Please indicate who you would like to operate the account. Only those persons named below will be able to sign on behalf of the Partnership

Title First Name

Surname/Last Name

Position Signature

X

Your signature must not go outside the box.

Title First Name

Surname/Last Name

Position Signature

X

Your signature must not go outside the box.

Title First Name

Surname/Last Name

Position Signature

X

Your signature must not go outside the box.

Title First Name

Surname/Last Name

Position Signature

X

Your signature must not go outside the box.

Senior Partner should initial and date each page: Initial Date

Please process transactions on the account(s) applied for on this application form on the instructions of:

Any one signature ☐ Any two signatures ☐ More than two signatures (please specify how many) ☐

If you require a compulsory signature, please state the name of compulsory signature:

Title ☐ First Name ☐

Surname/Last Name ☐

Position ☐ Signature

X

Your signature must not go outside the box.

If you wish to have more than four signatories please complete the 'Additional Signatories' form. For a copy of this form call 0845 6060 786, visit your local branch or download this form from our website www.islamic-bank.com

Please complete the 'User access level' form and return with this application form, stating the level of access required for ea ch signatory to the account.

DATA PROTECTION & MARKETING SECTION

Your Information – credit reference and fraud prevention agencies

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 below in the section called: A condensed guide to the use of your personal information by ourselves and at Credit Reference and Fraud Prevention Agencies. If you would like to read the full details of how your data may be used please visit our website at www.islamic-bank.com or phone 0845 6060 786 or ask one of our staff. By confirming your agreement to proceed you are accepting that we may each use your information in this way.

Fair Processing Notice
If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.
We and other organisations also access and use this information to prevent fraud and money laundering for example when:
- Checking details on applications for credit and credit-related or other facilities;
- Managing credit and credit related accounts or facilities;
- Recovering debt;
- Checking details on proposals and claims for all types of insurance;
- Checking details of job applicants and employees.

Please contact us on 0845 6060 786 if you want to receive details of the relevant fraud prevention agencies. We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

You have the right of access to your personal records held by credit and fraud agencies. We will supply the names and addresses upon request. You may obtain this information by telephoningh us on 0845 6060 786.
You have a right, on payment of a fee, to receive a copy of the information we hold about you if you apply to us in writing.

Use of your information
The information on this form may be used by us or any other carefully selected organisation for statistical analysis or for marketing purposes such as identifying other products and services which may be of interest to you. These may be offered by letter, telephone, email, fax or other electronic media by the Bank, its associates or other carefully selected organisations and companies.

If you would NOT like to receive this information then please tick this box ☐

If you would like to receive information on our other products and services, please tick below:

Current Account ☐ On Demand Savings Account ☐ Fixed Term Deposit Account ☐ Home Purchase Plan ☐ Unsecured Finance ☐ Small Business Banking ☐ Treasury Deposit Account ☐ Banking for Masjids & Madrassahs ☐ Online Banking Service ☐

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 your business partners
a) Our own;
b) Personal and business records at credit reference agencies (CRAs). When CRAs receive a search from us they will place a search footprint on 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) Information on applications will be sent to CRAs and will be recorded by them. Including information on your business and its proprietors and CRAs may create a record of the name and address of your business and its proprietors if there is not one already. Where you borrow from us, we will give details of your accounts and how you manage it/them to CRAs.
3) 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 6 years after they are closed, whether settled by you or defaulted.
4) If you give us false or inaccurate information and we suspect or identify fraud we will record this and may also pass this information to FPAs and other organisations involved in crime and fraud prevention.
5) If you have borrowed from us and do not make payments that you owe us, we will trace your whereabouts and recover debts.
6) We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.
7) 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 please visit our website at www.islamic-bank.com or phone 0845 6060 786 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, PO Box 491, Leeds, LS3 1WZ or call 0870 0601414
- Equifax PLC, Credit File Advice Centre, PO Box 3001, Bradford, BD1 5US or call 0870 010 0583 or log on to www.myequifax.co.uk
- Experian, Consumer Help Service, PO Box 8000, Nottingham NG80 7WF or call 0844 4818000 or log on to www.experian.co.uk.

SECTION G – IDENTIFICATION

Pursuant to money laundering legislation, we are required to obtain evidence of identification in relation to new customers. We will inform you as to what information we will require from you. Examples of identification evidence necessary for partnerships include but are not limited to the following:

i. Confirming the identity and address of at least two partners, one of whom should be the partner giving instructions (please see our 'Proof of Identity' leaflet for more information as to the documents we need to confirm the identity and address ofi ndividuals);
ii. Obtaining evidence of the partnership's address; and
iii. Obtaining the partnership's letterhead stating the names of all partners.

Please see our 'Business Proof of Identity' leaflet for more information.

SECTION H – DECLARATION & SIGNATURE

Please confirm that the following statements are true. Please note that, by signing this form you are making the following statements on behalf of the Partnership you represent and personally, on your own behalf.

1. I confirm that the resolutions set out in the mandate are an accurate record of what was resolved at the meeting. I agree to supply the Islamic Bank of Britain with a copy of the Partnership meeting resolution authorising this account to be opened.
2. I confirm that I have read and understood and agree to the information contained in this form.
3. I confirm that I understand that the account applied for will be governed by the Business Banking Terms and Conditions (a copy of which I have received) and I agree to be bound by those terms.
4. I confirm that the information contained in this application is true and correct.
5. I authorise Islamic Bank of Britain PLC to operate banking services in accordance with the mandate and confirm that the applicants named in this form have the relevant authority to act on behalf of the partnership in opening and operating the account (s) applied for.
6. Where I have asked for interest to be paid gross, I am eligible under Inland Revenue Regulations and declare that the account(s) applied for is/are not a relevant deposit as defined in section 481 of the Income and Corporation Taxes Act 1988.

This is our application agreement upon which we intend to rely. For your own benefit and protection, you should read all the terms and conditions carefully before signing this application. If you do not understand any point please ask for further information.

PLEASE DO NOT SIGN THIS FORM UNTIL YOU HAVE TAKEN INDEPENDENT ADVICE FROM A SOLICITOR OR ACCOUNTANT IF YOU ARE IN ANY DOUBT ABOUT AGREEING TO THE TERMS

This form is signed on behalf of the partnership whose details are shown in this application form. The declaration is made personally by the people who sign it.

Signed by:

Signature of First Partner

X

Your signature must not go outside the box.

Date D D M M Y Y Y Y

Signature of Third Partner

X

Your signature must not go outside the box.

Date D D M M Y Y Y Y

Signature of Second Partner

X

Your signature must not go outside the box.

Date D D M M Y Y Y Y

Signature of Fourth Partner

X

Your signature must not go outside the box.

Date D D M M Y Y Y Y

SECTION I – WHAT TO DO NEXT

To complete our verification procedures and to comply with money laundering legislation, please ensure you enclose the relevantdocuments and proof ofi dentity, we cannot process your application without this information.

	Tick to confirm
1. Ensure you have completed all relevant sections of the application form.	☐
2. Ensure you have completed the 'User account access' form.	☐
3. Ensure you have ticked to indicate which account(s) you are applying to open.	☐
4. Ensure you have enclosed all necessary proofi fi dentity documentation (please refer to the 'Business Proof of Identity' leaflet).	☐
5. Sample letterhead (if you use a trading name).	☐

For Bank use only

Branch Code					
Branch Staff Name		HO Processing Staff Name		Manager Name	
Signature		Signature		Signature	
Date		Date		Date	

Senior Partner should initial and date each page: Initial ☐ Date ☐