

THE CHARITY BANK SAVINGS ACCOUNT

APPLICATION FORM FOR **CHARITIES**
(incorporated or unincorporated)



CHARITY
BANK

Please complete and return this form to:
Charity Bank, 194 High Street, Tonbridge, Kent TN9 1BE

FOR OFFICE USE

Account number

		-			-							-		
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1 We would like to open the following account

33 days' notice

93 days' notice

365 days' notice

We would like to open the

account with

£

(Minimum £10)

Monthly saving option

We would like to make regular monthly payments of

£

I/we have completed the enclosed direct debit mandate form

Please enclose cheque payable to **Charity Bank and the name of your charity**

2 Details of charity

Full name

Registered address

Address for communications if different

Post code

Charity number (if applicable)

Phone number

Email address

3 Other details

The terms and conditions applying to deposit and savings accounts held with Charity Bank are contained in the Charity Bank Deposit Accounts General Terms and Conditions.

Please indicate whether your annual income / turnover is: above £1m below £1m

Where did you hear about Charity Bank?

4 Details of officers/trustees (minimum two signatories)

First signatory

Mr/Mrs/Ms/other

Second signatory

Mr/Mrs/Ms/other

Full name

Permanent residential address

Post code

Post code

How long at that address?

If less than three years, supply previous address separately (applies to all signatories)

Contact telephone number

Email address

Date of birth

 / / / /

Country and place of birth

National Insurance number

Details of officers/trustees (continued)

	Third signatory	Fourth signatory
Full name	Mr/Mrs/Ms/other <input type="text"/>	Mr/Mrs/Ms/other <input type="text"/>
Permanent residential address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Post code	Post code
How long at that address?	<input type="text"/>	<input type="text"/>
If less than three years, supply previous address separately (applies to all signatories)		
Contact telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>

5 Tax

Are you eligible to receive interest without tax deducted? Yes No

6 Authorisation

Extract from the minutes of a meeting of the board of the above body held on / /
 It was resolved that the sum stated above being part of the funds of the said body be deposited with The Charity Bank Limited and that the officers named above be authorised, on behalf of the said body, to operate the account.
The above is certified as a true and correct extract from the minutes referred to above.

We are enclosing certified copies of Certificate of Incorporation and Memorandum & Articles of Association or governing document or rules.

Signed	Position	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

7 Use of information

Charity Bank will use your information to provide the charitable products or service you have requested. We will not disclose your information to any outside organisation except as part of providing that product or service or when legally advised to do so.

We may provide you with details or information about products, services or events of ours which we think may be of interest to you. If you do not wish to receive such information or details of our other products, services or events please indicate here

8 Declaration**Each signatory should read the following before signing**

- I have read the account terms and conditions set out in the Deposit Account Terms and Conditions and agree to be bound by them.
- I agree to Charity Bank using the information contained in this form for processing the application and managing the account, including carrying out an electronic search. I understand that the information may be held electronically and also that it may be retained after the account is closed. I am aware that under the Data Protection Act 1998 I can request a copy of any personal information held about me in the Bank's records and also ask for any errors to be corrected.

9 Signatures (of all account signatories)

Signatory one	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signatory two	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signatory three	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signatory four	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

How many signatures are required to operate the account?
PLEASE COMPLETE