

Community Investment Tax Relief (CITRA) Account - Base Rate Tracker

Application form for businesses or credit unions



Please complete in block capitals and return this form to:
Charity Bank, Fosse House, 182 High Street, Tonbridge, Kent TN9 1BE

We understand that challenging situations, whether temporary or permanent, can make it more difficult to apply for and maintain your account with us. Please refer to our **Customer Support** guidance on our website at www.charitybank.org/support or contact us by phone: 01732 441944 or email enquiries@charitybank.org should any individual in your organisation need any support before completing your application. In this form you will be given the opportunity to tell us about any requirements that you or any individual in your organisation, may have, including any circumstances that may affect your decision-making or engagement with us, so we can record them against your account(s) to ensure we provide the right support.

FOR OFFICE USE
Account number

1. Deposit Details

We would like to open a CITRA Base Rate Tracker with £
(Minimum opening deposit £5,000, maximum £500,000)

We have enclosed a cheque made payable to **Charity Bank - 'Your Organisation Name'**, drawn on our UK bank or building society account for the amount shown above. (please tick)

We have enclosed a copy bank statement* (Section 5 - Nominated Account) which will allow our funds to be transferred electronically once the account is opened. (please tick)

*to be dated within previous six months and for a UK bank or building society account.

2. Existing Account Details

Do you hold an existing Charity Bank account? Yes No

Account Number (if yes)

3. Applicant Details

Organisation's Name

Trading Name (if applicable)

Company/Credit Union No.

Organisation Type

Registered address

Postcode

Nature of business

Annual turnover £ (for year ended)

Balance sheet total £ (for year ended)

Number of employees (for year ended)

What countries does your organisation operate in?
Please list any outside the UK.
If you need more space, please provide a full list in a separate sheet to accompany this form.

4. Account Holder's and Additional Authorised Signatories

To enable Charity Bank to set up your savings account we need to collect personal information about and perform full know your client (KYC) and anti-money laundering (AML) checks on some key individuals from your organisation.

In this section please provide the personal details (full names, DOB, address) of two directors (listed at Companies House or equivalent) to instruct us to open the account, any further signatories on the account (these could include additional directors), all beneficial owners and all persons with significant control are required.

Please also provide valid e-mail addresses. Each individual named in this application should have their own unique e-mail address.

If you need to provide details for more than four individuals please use a separate sheet, setting out for each person the same information requested here.

Person One

Title (Eg. Mr/Miss/Ms/Mrs/Other)

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy)

Date of Birth (dd/mm/yyyy)

Country of Birth

Country of residence for Tax purposes

Are you a permanent UK resident?

Yes No Please note that only UK residents can become operatives on an account

Home Address

Postcode

Time at home address

Years Months

Previous address

(Only required if have been at current address less than 3 years)

Postcode

Email address (unique to individual)

Mobile number

Would you like assistance with any of the following?

Large Font Braille Audio

Do you require any further support?
Please provide details in the box provided or in separate cover.

Position (held with the business)

Director Member Partner Beneficial Owner

Other: specify

Are you a shareholder?

Yes No

Do you own a 25% share or more in the business?

Yes No

Are you to be a signatory operating the account?

Yes No

Specimen Signature

Print Name

4. Account Holder's and Additional Authorised Signatories (Cont.)

Person Two

Title (Eg. Mr/Miss/Ms/Mrs/Other)

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy)

 / /

Date of Birth (dd/mm/yyyy)

 / /

Country of Birth

Country of residence for Tax purposes

Are you a permanent UK resident?

 Yes No Please note that only UK residents can become operatives on an account

Home Address

Postcode

Time at home address

 Years Months

Previous address

(Only required if have been at current address less than 3 years)

Postcode

Email address (unique to individual)

Mobile number

Would you like assistance with any of the following?

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Do you require any further support?
Please provide details in the box provided or in separate cover.

Position (held with the business)

 Director Member Partner Beneficial Owner Other: specify

Are you a shareholder?

 Yes No

Do you own a 25% share or more in the business?

 Yes No

Are you to be a signatory operating the account?

 Yes No

Specimen Signature

Print Name

4. Account Holder's and Additional Authorised Signatories (Cont.)

Person Three

Title (Eg. Mr/Miss/Ms/Mrs/Other)

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy)

 / /

Date of Birth (dd/mm/yyyy)

 / /

Country of Birth

Country of residence for Tax purposes

Are you a permanent UK resident?

 Yes No Please note that only UK residents can become operatives on an account

Home Address

Postcode

Time at home address

 Years Months

Previous address

(Only required if have been at current address less than 3 years)

Postcode

Email address (unique to individual)

Mobile number

Would you like assistance with any of the following?

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Do you require any further support?
Please provide details in the box provided or in separate cover.

Position (held with the business)

 Director Member Partner Beneficial Owner Other: specify

Are you a shareholder?

 Yes No

Do you own a 25% share or more in the business?

 Yes No

Are you to be a signatory operating the account?

 Yes No

Specimen Signature

Print Name

4. Account Holder's and Additional Authorised Signatories (Cont.)

Person Four

Title (Eg. Mr/Miss/Ms/Mrs/Other)

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy)

 / /

Date of Birth (dd/mm/yyyy)

 / /

Country of Birth

Country of residence for Tax purposes

Are you a permanent UK resident?

 Yes No Please note that only UK residents can become operatives on an account

Home Address

Postcode

Time at home address

 Years Months

Previous address

(Only required if have been at current address less than 3 years)

Postcode

Email address (unique to individual)

Mobile number

Would you like assistance with any of the following?

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Do you require any further support?
Please provide details in the box provided or in separate cover.

Position (held with the business)

 Director Member Partner Beneficial Owner Other: specify

Are you a shareholder?

 Yes No

Do you own a 25% share or more in the business?

 Yes No

Are you to be a signatory operating the account?

 Yes No

Specimen Signature

Print Name

5. Nominated Bank Details

To open an account with Charity Bank the organisation must hold a current account with a UK registered Bank or Building Society. Please provide details below.

Bank / Building Society

Account Number:

Sort code:

These bank/building society details are known as your Nominated Account. Please note that for withdrawals and account closures, funds will only be returned to the account detailed above.

6. Primary Contact and Correspondence Address Details (If different from the registered address)

Please confirm the primary contact for communication and marketing, to which all correspondence shall be addressed (see Section 8 for more information).

Title (Eg. Mr/Miss/Ms/Mrs/Other)

Full Name

Primary Contact phone

Primary Contact email

I opt into receiving the Charity Bank e-newsletter on behalf of the organisation, as detailed in the Use of Information section in this form.

Personal Details (to allow us to identify you - not required if already provided in section 4)

Position (held with the business) Director Member Partner Beneficial Owner

Other: specify

Home Address

Postcode

Date of Birth

If the contact has been a resident at this address for less than 3 years, please supply previous address details below.

Home Address

Postcode

Would you like assistance with any of the following?

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Braille

Audio

Do you require any further support? Please provide details.

7. Bank Mandate

A Bank Mandate must be completed for all new accounts even if you hold existing accounts, confirming the signing rules for your account of those indicated as signatories in section 4.

Please retain a copy of the Bank Mandate for your future reference. It is important to keep your signatories up to date to ensure your banking facilities are not compromised at any time.

Signing rules for your account (please tick an appropriate box)

Any two signatures

All signatories must sign

Any other combination

Names

One specific person

Name

8. Use of Information

We will share the personal data provided in this form in relation to each named contact with selected Credit Reference Agencies for the purposes of verifying the identity of individuals referred to in this form. The details of the agencies we use and their privacy policies can be found within our Privacy Notice on our website. A record of this initial "soft search" will be kept on our file and will leave a non-detrimental footprint on the credit file of the relevant individuals, which will not be viewable by any other organisation. We do not base our decisions solely on this information, and so we may ask individuals to provide additional information if the electronic search is not successful. We may involve other trusted third parties in the processing of your personal data and where we do so we make this clear in our Privacy Notice.

We will stay in touch with the primary contact by post, phone and email, as necessary to run and monitor your account (service notifications). The primary contact may also opt-in to receive our e-newsletter by ticking the relevant box in the section where their details have been captured. All emails include an unsubscribe link and the individual may object to receiving these communications at any time.

All correspondence will be addressed only to the primary contact supplied on this form.

Optional information: If any of the individuals named on this form would like to receive information from Charity Bank about personal savings products, then please ask them to contact enquiries@charitybank.org and we will update their records accordingly.

Changing the way we process your data: If any of the individuals named on this form would like to change the way we process their data at any time, please ask them to contact enquiries@charitybank.org.

Where did you hear about Charity Bank?

9. Declaration and Authorisation

By signing this form, I/we confirm I/we have read the Charity Bank Terms for organisations, along with the Community Investment Tax Relief (CITR) Base Rate Tracker - Scheme Details & Summary Box document, and agree to be bound them.

I/we declare that the information provided on this form is true and accurate (please tick)

I/we agree to notify Charity Bank in writing of any changes to the signatory/signatories to the account and understand that any new signatory/signatories will need to be identified before acceptance by the Bank (please tick)

I/we understand interest is paid gross (please tick)

I/we agree to notify Charity Bank of any change to my nominated account details at the earliest convenience. If requested, I/we will forward a copy statement in the name of the organisation, dated within the last six months to validate our new UK bank or building society account, to which payments will be made to and from.

Financial Services Compensation Scheme (FSCS)

It's important that you read the FSCS information sheet. It provides information about the potential protection of your savings.

Please acknowledge receipt of the Deposit Guarantee Scheme: FSCS information sheet (please tick)

Private Limited Companies – at least two directors or at least one director and the company secretary or if a company has just one director and no secretary, the director should sign and the signature should be witnessed. In these cases the witness should write clearly "witnessed by" and then provide their name, signature and date in the space provided

Public Limited Companies – at least two directors or at least one director and the company secretary

LLPs – at least two designated members

Other partnerships – at least two partners

Signature
PRINT NAME
Date / /

Signature
PRINT NAME
Date / /

Signature
PRINT NAME
Date / /

Signature
PRINT NAME
Date / /

Deposit Guarantee Scheme: Information Sheet



Basic information about the protection of your eligible deposits

Eligible deposits in The Charity Bank Ltd are protected by:	the Financial Services Compensation Scheme ("FSCS") ¹
Limit of protection:	£85,000 per depositor per bank / building society / credit union. ²
If you have more eligible deposits at the same bank / building society / credit union:	All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £85,000. ²
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately. ³
Reimbursement period in case of bank, building society or credit union's failure:	7 working days. ⁴
To contact The Charity Bank Ltd for enquiries relating to your account:	The Charity Bank Ltd Fosse House 182 High Street Tonbridge Kent TN9 1BE Tel: 01732 441900 Email: enquiries@charitybank.org
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House 15 St Botolph Street London EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100 Email: ICT@fscs.org.uk
More information:	www.fscs.org.uk
Acknowledgement of receipt by the depositor:	Please refer to the tick box on the postal or online application form.

Additional information

¹ Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

² General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- (a) certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- (b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- (c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under www.fscs.org.uk

³ Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

⁴ Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within 7 working days, it will, until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses (in the case of a depositor which is not an individual or a large company) within 5 working days of a request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under www.fscs.org.uk.

Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which are set by the Deposit Guarantee Scheme and may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

Exclusions list

A deposit is excluded from protection if:

1. The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact us.
2. The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
3. It is a deposit made by a depositor which is one of the following: credit institution, financial institution, investment firm, insurance undertaking, reinsurance undertaking, collective investment undertaking, pension or retirement fund, public authority, other than a small local authority.

¹ Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.