

Mandate Variation Form

Tell us who you wish to add or remove from your mandate (sections 4-6) and/or any changes to key individuals in your organisation (sections 7-8)



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 this form. 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
Customer ID number

1. Name of Organisation

Full organisation name

Registration number (if applicable)

2. Account Number(s)

If multiple accounts held, list all accounts changes apply to. Please note we recommend the same signing mandate is maintained for all accounts.

Apply changes to all accounts held in our name, even if not listed above

3. Address & Primary Contact Details

Registered address

Postcode

Please tick if this is a change to what is held on record

Correspondence address (if different)

Postcode

Please tick if this is a change to what is held on record

Primary Contact for communication & marketing

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.

4. New Signatories

Please complete the personal details of any new persons to be added to the mandate. All individuals named must be permanent UK residents. Should this cease to be the case you must notify us immediately. By providing your specimen signature you are agreeing to your personal information being used to satisfy our 'know your customer' requirements, detailed under the Use of Information section in this form.

Person One

Title (Eg. Mr/Miss/Ms/Mrs/Other)	<input type="text"/>		
Full Name	<input type="text"/>		
Previous Name (if changed)	<input type="text"/>		
Date of change (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Date of Birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Country of Birth	<input type="text"/>
Country of residence for Tax purposes	<input type="text"/>	Are you a permanent UK resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Time at home address	<input type="checkbox"/> Years <input type="checkbox"/> Months
Previous address (Required if at current address less than 3 years)	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Mobile number	<input type="text"/>
Email address (unique to individual)	<input type="text"/>		
Do you require any further support? Please provide details in the box provided or in separate cover.	<input type="text"/>	Would you like assistance with any of the following?	<input type="checkbox"/> Large Font <input type="checkbox"/> Braille <input type="checkbox"/> Audio
Position (held with the business)	<input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Partner <input type="checkbox"/> Beneficial Owner		
	Other: specify	<input type="text"/>	
Are you a shareholder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a 25% share or more in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specimen Signature	<input type="text"/>		
	<input type="text"/>		
Print Name	<input type="text"/>		

Person Two

Title (Eg. Mr/Miss/Ms/Mrs/Other)	<input type="text"/>		
Full Name	<input type="text"/>		
Previous Name (if changed)	<input type="text"/>		
Date of change (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Date of Birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Country of Birth	<input type="text"/>
Country of residence for Tax purposes	<input type="text"/>	Are you a permanent UK resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Time at home address	<input type="checkbox"/> Years <input type="checkbox"/> Months
Previous address (Required if at current address less than 3 years)	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Mobile number	<input type="text"/>
Email address (unique to individual)	<input type="text"/>		

4. New Signatories (Cont.)

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

Would you like assistance with any of the following?

Large Font Braille Audio

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

Specimen Signature

Print Name

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

Home Address

Postcode

Time at home address

Years Months

Previous address (Required if at
current address less than 3 years)

Postcode

Mobile number

Email address (unique to individual)

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

Would you like assistance with any of the following?

Large Font Braille Audio

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

Specimen Signature

Print Name

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

5. Signatories to be removed

Please list any current signatories that are to be removed.

Person One

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

Full name

Position (held with the organisation)

Date the signatory should be removed

Person Two

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

Full name

Position (held with the organisation)

Date the signatory should be removed

Person Three

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

Full name

Position (held with the organisation)

Date the signatory should be removed

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

6. Signing rules for your account(s)

Once we have performed your request, please confirm the signing rules that should apply for your account(s).

Tick an appropriate box

Any two signatures

All signatories must sign

One specific person

Any other combination

Name

Names

7. Changes to governance and/or ownership

To enable Charity Bank to maintain required full know your client (KYC) and anti-money laundering (AML) checks, when necessary, please also complete section 8 of this form to advise us of any changes to key individuals associated with your organisation (not captured in sections 4 & 5), beneficial ownership (over 25% of issued shares) and persons with significant control.

The requirements differ between incorporated and unincorporated organisations and are explained in the guidance below.

AML requirements for incorporated organisations (limited companies and limited partnerships)

The personal details, to include, full names, dates of birth and address for last 3 years of;

- Two Directors
- All Beneficial Owners (shareholding greater than 25%)
- All Persons with Significant Control

AML requirements for unincorporated organisations (mutual, trusts, partnerships, faith groups, clubs, unincorporated associations/charities)

The personal details, to include, full names, dates of birth and address for last 3 years of;

- 25% (minimum 2 - maximum 4) of members of the management body, rounded up to the nearest whole number.

For Trusts, we require the personal details for all trustees, settlors, and beneficiaries.

8. Key Individuals associated with your organisation

(Please complete this section per the guidance provided under Section 7)

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 residence for Tax purposes

Home Address

Postcode

Previous address (Required if at current address less than 3 years)

Postcode

Email address (unique to individual)

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

Would you like assistance with any of the following?

Position (held with the business)

Are you a shareholder?

Specimen Signature

Print Name

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 residence for Tax purposes

Home Address

Postcode

Previous address (Required if at current address less than 3 years)

Postcode

Email address (unique to individual)

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

Would you like assistance with any of the following?

Position (held with the business)

 / / / /

Country of Birth

Are you a permanent UK resident? Yes No

 Time at home address Years Months Mobile number Large Font Braille Audio Director Member Partner Beneficial Owner Other: specify Yes No Do you own a 25% share or more in the business? Yes No / / / /

Country of Birth

Are you a permanent UK resident? Yes No

 Time at home address Years Months Mobile number Large Font Braille Audio Director Member Partner Beneficial Owner

8. Key Individuals associated with your organisation (Cont.)

Other: specify

Are you a shareholder? Yes No

Do you own a 25% share or more in the business? Yes No

Specimen Signature

Print Name

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

Home Address

Postcode

Time at home address

 Years Months

Previous address (Required if at current address less than 3 years)

Postcode

Mobile number

Email address (unique to individual)

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

Would you like assistance with any of the following?

Large Font

Braille

Audio

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

Yes No

Specimen Signature

Print Name

Beneficial Owners / Persons with Significant Control

Please use this area to provide information of any changes to ownership/control where they are an organisation. We may need to contact you for further information, should it be required.

Full organisation name

Registration number

Registered address

Post Code

Full organisation name

Registration number

Registered address

Post Code

If you need to provide details for more than three individuals or two organisations, please use a separate sheet, setting out for each person/organisation the same information requested here.

9. 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.

10. Declaration of changes to operating mandate

To enable us to carry out your request, we require this form to be signed in accordance with your current signing rules. By signing this Declaration/instruction you confirm that you have read, understand and agree to the points below:

1. I/We agree to be bound by the terms and conditions of the account(s) as set out in Charity Bank's terms for organisations and the Additional Terms and Summary Box information sheet.
2. I/We acknowledge having read a copy of the Privacy Notice referred to in the Use of Information section and that I/We understand the basis upon which my/our information will be used and shared and that I/We are satisfied to proceed with this request.
3. I/We authorise you to act on the instructions of the authorised signatories using their authorised signatures as set out in this form and Declaration. I/We also agree and acknowledge that I/we will not hold the Bank responsible if the organisation suffers a loss as a result of you acting on the authority and instructions of the authorised signatories. I/We will tell you immediately in writing if the authorised signatories are to be changed.
4. We authorise the Bank to act on any instructions concerning our account(s) in accordance with the authorities set out in this request.
5. I/We declare that the information provided on this form is true and accurate.

Signature One

Print name

Date of change (dd/mm/yyyy)

 / /

Signature Two

Print name

Date of change (dd/mm/yyyy)

 / /

Signature Three

Print name

Date of change (dd/mm/yyyy)

 / /

If you are no longer able to have this form signed in accordance with the current mandate, we shall require the quorum listed under your operating rules to enable us to bring your mandate up to date. In addition, please provide a copy of the meeting minutes where the changes were approved. Please provide the personal details for all signers so we can identify their authority. If you have any difficulty with this requirement, please contact us to discuss further.