

This document is designed to provide you with guidance on how to complete the Mandate Variation Form (MVF), if you require further assistance please contact our Savings team by phone: **01732 441944** or email enquiries@charitybank.org.

Completion of the MVF will enable you to tell us who you wish to add or remove from your existing mandate and/or any changes to key individuals in your organisation, such as the primary contact.

Please note that only one operating mandate will be maintained to cover all deposit accounts held by you. Any changes provided on submission of the MVF will replace your organisation's existing mandate(s).

Please ensure:

- You complete the form clearly in full using BLOCK CAPITALS and include all information requested under any applicable sections.
- The form and any interim instructions are signed in accordance with your current mandate, until you receive written confirmation that your new mandate is in place.
- If any individuals mentioned on the form have lived at their current address for less than three years, they must also provide their address history for the previous three years as indicated on the form.
- If you are unable to have the 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 along with 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.

Section 1 - Name of Organisation

Provide the full organisation name we hold on record. If there has been a change to the organisation name you can inform us of this here, we shall contact you if we require any documentation to support processing this change.

Section 2 - Address & Primary Contact

We ask that you reconfirm your UK registered address and correspondence address (if different). We also require you to confirm who the primary contact for the organisation is.

The primary contact is the individual to whom all communications, service notifications and statements will be addressed to. For existing savers, where this is unclear, we will use the first signatory named on the most recent application processed, as the primary contact. Please note that the primary contact MUST be a signatory on the mandate.

The primary contact is also responsible for providing the relevant consent to receive marketing for your organisation, such as our e-newsletter which will provide updates on future product and service enhancements we may make (see Section 8 - Use of Information).

Ensuring this information is up to date allows us to contact you directly, securely, and efficiently with any service notifications about your account(s) and helps protect you from impersonation fraud.

Section 3 - New Signatories

We understand changes occur with personnel within organisations, here you can advise us of new individuals that are to be added as signatories on the mandate. Any individual named must be a permanent UK resident and able to provide all the information requested, including a unique email address and mobile number. By providing their specimen signature within the MVF, they are agreeing to their personal information being used to satisfy our 'know your customer' requirements, detailed under the Use of Information section in the form.

Section 4 - Signatories to be removed

As mentioned above personnel changes can also lead to you advising us of the removal of any current signatories from your mandate by providing the information requested under this section and ensuring the form is signed as instructed under Section 9.

Section 5 - Signing rules for your account(s)

Following any changes you indicate are required to your mandate (sections 3 & 4) under a MVF, we ask you to confirm the signing rules you wish to have in place once the changes are completed. Please note your mandate (who can sign) and these signing rules (how many to sign) will be applied across all your savings' accounts held with Charity Bank. If this section is not completed, we will assume that the existing signing rules on your account should continue. We shall contact you if any changes to signatories under sections 3 & 4 effect these rules.

Section 6 - Changes to governance and/or ownership

This section provides guidance on what other possible changes there may have been to your organisation and if you need to provide us with the personal information for any other key individuals within your organisation under Section 7, which will ensure we are able to maintain our full know your client (KYC) and anti-money laundering (AML) checks.

Section 7 - Key Individuals associated with your organisation

Please complete this section if there have been any changes to key individuals within your organisation, using the guidance provided under Section 6.

Section 8 - Use of Information

Provides detail on how we shall share, store and use the personal information obtained on the form in line with our Privacy Notice. Also confirms how we will stay in touch with your organisation to issue service notifications and requests confirmation of optional channels of marketing, such as our e-newsletter. Any consent to these communications is deemed to be from and managed by the primary contact.

Section 9 - Declaration of changes

This section must be signed in accordance with your current signing mandate and authorised signatories, even if you are making changes to this. As stated earlier if this is not possible, we shall require the form to be signed in line with the quorum listed under your operating mandate rules. Should you need assistance with this, please contact the Savings team using the details below.

Once your form has been received we will review and process the changes if deemed acceptable to do so. If we require any further information, we will contact you to discuss this. Confirmation will be issued that the requested changes have been carried out.

If you have any further questions, please do not hesitate to contact our Savings team by phone: **01732 441944** or email: enquiries@charitybank.org.

Mandate Variation Form

Tell us of changes to your operating mandate and to key individuals in your organisation.

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

**Charity
bank**
a bank for good

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

A guidance document to assist completion of this form is available under our Savings Document Library, Useful Forms section at <https://www.charitybank.org/savings-accounts-document-library/#usefulforms> or a copy can be issued to you upon request to the Savings team.

1. Name of Organisation

Full organisation name (on record)

Change to organisation name
(if applicable) leave blank if no change

Account Number(s)
To help locate your records

2. 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 (Refer to Section 8)

The person elected must be a current signatory on the mandate. They agree to receive communications, such as service notifications and statements, alongside any marketing communications if elected on behalf of the organisation as detailed under the Use of Information section in this form.

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

Full Name

Primary Contact mobile phone

Primary Contact email

3. 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)

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy)

/

/

Country of Birth

Date of Birth (dd/mm/yyyy)

/

/

Confirm you're a UK resident

Yes

Country of residence for Tax purposes

Home Address

Postcode

Time at home address

Years

Months

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

Postcode

Email address (unique to individual)

Mobile number

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

Person with Significant control

Trustee

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 Two

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

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy)

/

/

Country of Birth

Date of Birth (dd/mm/yyyy)

/

/

Confirm you're a UK resident

Yes

Country of residence for Tax purposes

Home Address

Postcode

Time at home address

Years

Months

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

Postcode

Email address (unique to individual)

Mobile number

3. 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 ☐ Person with Significant control
☐ Trustee ☐ Other: specify

Are you a shareholder?

☐ 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

Confirm you're a UK resident

☐ Yes

Home Address

Postcode

Time at home address

Years

Months

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

Postcode

Email address (unique to individual)

Mobile number

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 ☐ Person with Significant control
☐ Trustee ☐ 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.

4. 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.

5. Signing rules for your account(s)

Please confirm the signing rules that should apply for your account(s) following the changes requested in this form.

If the section is not completed we will assume that the existing signing rules on your account(s) should continue.

We shall contact you if any changes on this form effect these rules.

Tick an appropriate box

Any two signatures

All signatories must sign

One specific person

Any other combination

Name

Names

6. 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 7 of this form to advise us of any changes to key individuals associated with your organisation (not captured in sections 3 & 4), 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.

7.

Key Individuals associated with your organisation

(Please complete this section per the guidance provided under Section 6)

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

Confirm you're a UK resident

☐ Yes

Time at home address

Years

Months

Mobile number

☐ Large Font☐

Braille

☐

Audio

☐ Director☐

Member

☐

Partner

☐

Person with Significant control

☐ Trustee☐

Other: specify

☐ Yes☐

No

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

☐

Yes

☐

No

 / / / /

Country of Birth

Confirm you're a UK resident

☐ Yes

Time at home address

Years

Months

Mobile number

☐ Large Font☐

Braille

☐

Audio

☐ Director☐

Member

☐

Partner

☐

Person with Significant control

☐ Trustee☐

Other: specify

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

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

Confirm you're a UK resident

☐ Yes

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 ☐ Person with Significant control

☐ Trustee ☐ 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

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.

Do you want to add?

☐ Yes

Full organisation name

Registration number

Registered address

Post Code

Do you wish to remove?

☐ Yes

Full organisation name

Registration number

Registered address

Post Code

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

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 your organisation:

- by post, phone and email, as necessary to run and monitor your account (service notifications); and
- by the channel(s) you have selected below to:
- invite you to our annual Impact Awards ceremony - an opportunity to meet people from some of the wonderful organisations to which we are providing loan finance, supported by our savers; and
- send you our e-newsletter from time to time, with inspiring case studies, thought provoking blogs and our latest news, events and offers, so that you can see how savings accounts are being used to support charities and social enterprises across the UK and become part of the wider Charity Bank community. All emails include an unsubscribe link and you may object to receiving this communication at any time. Please note that this can only be sent to you by email and so if you do not select email, you will not receive the e-newsletter.

Select channel(s): tick an appropriate box: Post ☐ email ☐ phone ☐

All correspondence will be addressed to the primary contact details on record.

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.

9. Declaration of changes

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, Terms for Easy Access Account (the Bank's terms and conditions document) 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 in line with signing rules 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 process changes in this form. 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.