

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

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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
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Account Number (if yes)

3. Applicant Details

Organisation's Name	
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Trading Name (if applicable)

Company/Credit Union No.

Organisation Type	Number of Organisations	Percentage of Total
Academic	10	10%
Business	20	20%
Government	15	15%
Non-profit	30	30%
Other	5	5%

Registered address

Postcode

Nature of business	
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Annual turnover	£	(for year ended)
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Balance sheet total	£	(for year ended)
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Number of employees	(for year ended)
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Can you confirm your organisation only pays tax in the UK?	Yes	No
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Can you confirm all controllers of the organisation and named on the mandate only pay tax in the UK?	Yes	No
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If you have answered "No" to the UK tax questions we will contact you to complete a self certification form(s).

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

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

Telephone number

Home

or Work

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

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

Telephone number

Home

or Work

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 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

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

Telephone number

Home

or Work

Would you like assistance with any of the following?

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☐ 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 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

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

Telephone number

Home

or Work

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

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

Mobile

Primary contact Telephone Number

Home

or Work

Primary contact email address

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?

☐ Large Font

☐ 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 one signatory must sign

Any two signatories must sign

All signatories must sign

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)

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)

Signature

PRINT NAME

Date

Signature

PRINT NAME

Date

Signature

PRINT NAME

Date

Signature

PRINT NAME

Date



Deposit Guarantee Scheme: Information Sheet

The Financial Services Compensation Scheme (‘FSCS’) protects deposits made by most individuals and businesses. Your account statement will confirm whether your deposits with The Charity Bank Ltd are eligible for FSCS protection. Details of certain exclusions from the FSCS’s protection are set out in the exclusions list after this information sheet.

Limit of protection

£120,000 per depositor per bank, building society or credit union.

If The Charity Bank Ltd goes out of business the eligible deposits with The Charity Bank Ltd will be added up and the £120,000 will be applied to the total balance.

For example, if you hold a savings account with £80,000 and a current account with £50,000, FSCS will pay you £120,000 and you may lose £10,000.

To ensure the FSCS can pay you promptly please ensure that The Charity Bank Ltd has your up-to-date contact details including your email address.

Joint and group accounts

Each eligible account holder is entitled to £120,000 protection in total.

For example, if there are two account holders, you will each be entitled to £120,000 protection, giving a total of £240,000.

Eligible deposits in business accounts are treated as if made by a single depositor. This means these types of account will only be protected up to £120,000.

Temporary high balances

If you have a ‘temporary high balance’ you may be entitled to more than £120,000 protection for six months from when the amount was first deposited or legally transferred. Temporary high balances are deposits connected with certain events, including:

- a) Transactions relating to the purchase and sale of your main home.
- b) Major life events such as death, your marriage or civil partnership, divorce, retirement, redundancy, disability or incapacity.
- c) Compensation for personal injuries or wrongful conviction.

How the FSCS will pay you

FSCS will typically return deposits within seven business days by cheque or electronic payment into an alternative account. Payments may take longer in exceptional circumstances, for example if there is a temporary high balance, or the deposit is held on behalf of underlying beneficiaries.

Contact details for further questions about your account

The Charity Bank Ltd, Fosse House, 182 High Street, Tonbridge, Kent, TN9 1BE.

Tel: 01732 441900 Email: enquiries@charitybank.org

Contact details for more information on FSCS protection

You can find more information on FSCS protection on its website at www.fscs.org.uk

or by contacting the FSCS using the details below:

Telephone: 0800 678 1100 Email: enquiries@FSCS.org.uk

Exclusion List

As set out in the Depositor Protection Information Sheet, deposits held by individuals and businesses will be generally eligible for FSCS protection up to the compensation limit. However, some exclusions do apply. Details of the most common exclusions are set out below.

For full details of the exclusions please see the Depositor Protection Part of the PRA Rulebook.

A deposit is excluded from protection if it meets any of the following criteria:

1) The account holder is:

- a credit institution
- a financial institution
- an investment firm
- an insurance undertaking
- a reinsurance undertaking
- a collective investment undertaking
- a pension or retirement fund
- a public authority, other than a small local authority.

Note that:

- a) Deposits held on behalf of underlying beneficiaries who are eligible for FSCS protection, are not excluded.
- b) Personal pension schemes, stakeholder pension schemes or occupational pension schemes for micro, small and medium sized companies are not excluded.

2) It is not held at a UK establishment of a bank, building society or credit union. Or, in the case of a bank, building society or credit union incorporated in the UK, it is not held at an establishment in Gibraltar.

3) The deposit is involved in any transactions where there is a link to a criminal conviction for money laundering. For example, it is transferred from an account held by someone who has been convicted of money laundering.

