

# Ethical Easy Access Account

Charity, Trust and Unincorporated Associations (clubs / societies)

## Account Opening Form



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](http://www.charitybank.org/support) or contact us by phone: 01732 441944 or email [enquiries@charitybank.org](mailto: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 an Ethical Easy Access Account with £  (minimum of £10,000)

We have enclosed a cheque made payable to **Charity Bank - 'Your Charity, Trust or Unincorporated Association's Name'**, drawn on our bank account (Nominated 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

### 2. Existing Account Details

Do you hold an existing Charity Bank account? ☐ Yes ☐ No

Account number (if yes)

### 3. Your Charity, Trust or Unincorporated Association's Details

Full name of charity, trust or unincorporated association

Registered number of charity

Registered address

  

Postcode

Correspondent's name

Mobile Number

Telephone number

Home

or Work

Email address

Address for correspondence (if different)

  

Postcode

### 3. Your Charity, Trust or Unincorporated Association's Details (Cont.)

Type of trust

Nature of activities and purpose of charity, trust or unincorporated association

Can you confirm your organisation only pays tax in the UK? Yes ☐ No ☐

Can you confirm all controllers of the organisation and named on the mandate only pay tax in the UK? Yes ☐ No ☐

If you have answered "No" to the UK tax questions we will contact you to complete a self certification form(s).

What countries do you operate and raise funds 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.

Annual turnover

£

(for year ended)

Balance sheet total

£

(for year ended)

Number of employees

(for year ended)

### 4. Personal Details of all the following relevant to your organisation - Trustees, Directors, Chairman and Secretary

(all individuals named must be permanent UK residents. Should this cease to be the case please notify us immediately)

If you need to provide details of more than four people, please use a separate sheet setting out details for each.

Your information will be used to satisfy our 'know your customer' requirements. Account operatives will be specified under section 8.

Position (held within the organisation)

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

Home Address

Time at home address

☐

Years

☐

Months

NB. if less than 3 years please supply further address history using section 12 of this form

Would you like assistance with any of the following?

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Do you require any further support? Please provide details.

#### 4. Personal Details of all the following relevant to your organisation – Trustees, Directors, Chairman and Secretary (Cont.)

Position (held within the organisation)

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?

Home Address

Time at home address

Would you like assistance with any of the following?

Do you require any further support? Please provide details.

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/  /

☐ Yes ☐ No

Years  Months

NB. if less than 3 years please supply further address history using section 12 of this form

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Position (held within the organisation)

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?

Home Address

Time at home address

Would you like assistance with any of the following?

Do you require any further support? Please provide details.

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☐ Yes ☐ No

Years  Months

NB. if less than 3 years please supply further address history using section 12 of this form

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#### 4. Personal Details of all the following relevant to your organisation – Trustees, Directors, Chairman and Secretary (Cont.)

Position (held within the organisation)

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

Home Address

Time at home address

☐

Years

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Months

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#### 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

Sort code:

Account Number:

These bank 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. Personal Details of all Beneficial Owners of a Trust

(all names must be permanent UK resident. Should this cease to be the case, please notify us immediately)

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

Full name

Date of birth (dd/mm/yyyy)

Country of birth

Are you a permanent UK resident?

☐

Yes

☐

No

Home Address

Time at home address

☐

Years

☐

Months

NB. if less than 3 years please supply further address history using section 12 of this form

## 6. Personal Details of all Beneficial Owners of a Trust (Cont.)

Would you like assistance with any of the following?

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Do you require any further support?  
Please provide details.

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

Full name

Date of birth (dd/mm/yyyy)

 /  / 

Country of birth

Are you a permanent UK resident?

☐

Yes

☐

No

Home Address

Time at home address

Years

Months

NB. if less than 3 years please supply further address history using section 12 of this form

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Do you require any further support?  
Please provide details.

## 7. Audit Authority

Do you wish Charity Bank to divulge information requested by your accountant / auditor or solicitor?  
If YES please complete the details below. If NO please leave blank.

Auditor

Auditor's Name

Address

Postcode

Accountant

Accountant's Name

Address

Postcode

## 8. Bank Mandate

Please complete this section with the personal details of all authorised signatories. A Bank Mandate must be completed for all new accounts even if you hold existing accounts.

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.

If any signatories have lived at their current address for less than three years you must provide their previous three year address information at the end of this form (Section 12). Not providing this will prevent us from continuing with the application until further steps to identify the individuals can be made.

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

Any one signatory must sign

☐

Any two signatories must sign

☐

All signatories must sign

☐

### Signatory 1 (all correspondence will be addressed to signatory 1 unless an alternative contact has been specified within section 6)

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

Home Address (NB. if less than 3 years please supply further address history using section 12)

Postcode

Mobile number

Telephone number

Home

or Work

Email address

Signature

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Do you require any further support? Please provide details.

## 8. Bank Mandate (Cont.)

### Signatory 2

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

Home Address (NB. if less than  
3 years please supply further address  
history using section 12)

Postcode

Mobile number

Telephone number

Home

or Work

Email address

Signature

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of the following?

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Audio

Do you require any further support?  
Please provide details.

### Signatory 3

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

Home Address (NB. if less than  
3 years please supply further address  
history using section 12)

Postcode

Mobile number

Telephone number

Home

or Work

Email address

Signature

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of the following?

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Do you require any further support?  
Please provide details.

## 8. Bank Mandate (Cont.)

### Signatory 4

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

Home Address (NB. if less than 3 years please supply further address history using section 12)

Postcode

Mobile number

Telephone number

Home

or Work

Email address

Signature

Would you like assistance with any of the following?

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Do you require any further support? Please provide details.

## 9. Account Information Security

We have a commitment to providing a secure service to all of our savers. In order to facilitate the handling of your requests to withdraw funds securely, we require that you provide us with a memorable word which will assist members of staff in verifying you and your representative's identity. The verification process will be by way of a call back to an account signatory following receipt of a withdrawal notification form. During the call the authorised signatory will be asked to provide characters from the memorable word. It is your responsibility to manage and protect this memorable word and ensure that only authorised officials have access to it. Memorable word (please choose a word with no more than 12 characters).

## 10. Use of information

During the application process, we will share the personal data provided in this form typically, in relation to each named contact, your personal and contact details along with your date of birth and job title, with selected Credit Reference Agencies for the purposes of verifying the identity of individuals referred to in the application 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.

Once your organisation becomes a Charity Bank saver, we will stay in touch with you:

- 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.



## 10. Use of information (Cont.)

Select channel(s): ☐ post ☐ email ☐ phone

All correspondence will be automatically addressed only to Signatory 1 unless an alternative contact has been nominated to enquiries@charitybank.org.

**Optional information:** If any of the individuals named on this application 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?

## 11. Declaration and Authorisation

Please provide a copy of any of the following documents that are relevant to your charity or trust (please tick). The copies must be certified as a true copy by an Anti-Money Laundering trained individual (i.e. banker/solicitor/accountant)

- ☐ Rules
- ☐ Constitution
- ☐ Trust Deed

By signing this form you are agreeing to the Charity Bank Terms for savings accounts held by organisations and the Additional Terms for an Ethical Easy-Access Account 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)

As a charity, we declare that this account is being opened by a Registered Charity in respect of which exemption is granted under Section 505 (1) (c) of the Income and Corporation Taxes Act 1988. ☐ (please tick)

### Financial Services Compensation Scheme (FSCS)

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

Please acknowledge receipt of the Deposit Guarantee Scheme: Information Sheet ☐ (please tick)

The declaration and authorisation should be signed as follows:

**Unincorporated Associations (clubs and societies)** - the Chairman and the Secretary

**Trusts** - at least two trustees

**Charities** - in accordance with the governing document or resolution of the governing body

Signature

Date  /  /

Signature

Date  /  /

Signature

Date  /  /

Signature

Date  /  /

## 12. Previous addresses

This section is for authorised signatories and/or account holders that have lived at their current address for less than three years. Please supply further address details to complete the application process. Enter the full name and then the first line of address (include the house name/number and road name). You must include the postcode.

Full Name

Address

Postcode

Full Name

Address

Postcode

Full Name

Address

Postcode



## 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](mailto: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](http://www.fscs.org.uk)

or by contacting the FSCS using the details below:

Telephone: 0800 678 1100 Email: [enquiries@FSCS.org.uk](mailto: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.

