

# Application Form and Mandate for a Business Account

Please complete this form in BLOCK CAPITALS and black ink and return it to: **Cater Allen Private Bank, 9 Nelson Street, Bradford, BD1 5AN** in the pre-paid envelope provided. If you need any help to complete this form please call us on **0800 092 3300**.

**For CAPB completion only**

Marketing Code

**For Action by Professional Adviser only**

Master Account Number

Account Number Allocated

**Any information section not completed will be interpreted as though there is no information to input. Please remember to sign the Declaration in Part 13.**

**PART 1**

**CHOOSE WHICH ACCOUNT(S)**

Are you:  Partnership  Limited Liability Partnership  Public Limited Company  
(Please tick as appropriate)  Private Limited Company  Sole Trader

Please tick which Account(s) you wish to apply for. Indicate the amount to be deposited; whether a cheque or paying-in book and/or VISA Deferred-Debit Card are required; and if you would like Internet Banking Passwords to be issued to all Authorised Signatories.

**Reserve Account<sup>1</sup>**

(minimum £5,000 or equivalent per currency)

		Chequebook	Paying-in Book	Debit Card <sup>2</sup>	Internet Banking
<input type="checkbox"/> £ STERLING	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> € EURO	€			<input type="checkbox"/>	
<input type="checkbox"/> \$ US DOLLAR	\$			<input type="checkbox"/>	

**Corporate Account<sup>1</sup>**

(minimum £5,000)

<input type="checkbox"/> £ STERLING	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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**Asset 30 Account<sup>1</sup>**

(minimum £5,000)

<input type="checkbox"/> £ STERLING	£		<input type="checkbox"/>		
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**Term Deposit<sup>3</sup>**

(minimum £50,000)

<input type="checkbox"/> £ STERLING	£				
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I would like Internet Banking access<sup>4</sup> (All Accounts will appear within Internet Banking)

<sup>1</sup> A cheque is required made payable to the Name that you wish your new Account to be in. No cash, postal orders or third party cheques accepted.

<sup>2</sup> Qualification for VISA Deferred-Debit Cards:

- To qualify on either the Reserve or Corporate Account we require you to maintain an average balance of £5,000 for 6 months or to provide us with copies of equivalent Bank Statements from another Bank.
- Limited Companies must have been registered with Companies House for over 6 months to qualify.

If you request a Debit Card, it will be sent to you when the opening funds are available on your Account.

<sup>3</sup> The option to open a Term Deposit is restricted to the electronic transfer of funds only.

<sup>4</sup> Please note that only fully transactional Sterling accounts, requiring a single signature to transact, have full Internet Banking functionality. All other accounts will have View Only access.



**PART 3****VISA BUSINESS DEFERRED-DEBIT CARD**

As VISA Cards operate on a Single Signature, they are only available where the Account Mandate (Part 10) allows for ALL Transactions to be signed by **ANY ONE** of the Authorised Signatures. Please note: maximum of **TWO** Cardholders allowed per account, and both must be a Signatory on the Account (Please see Part 12 – Authorised Signatories).

Please complete the section below.

A1) Name of Individual Cardholder

B1) Name of Individual Cardholder

Please tick which Account and relevant Currency:

Corporate Account

Reserve Account    £ STERLING    € EURO    \$ US DOLLAR




Please tick which Account and relevant Currency:

Corporate Account

Reserve Account    £ STERLING    € EURO    \$ US DOLLAR



**PART 4****CURRENT BANKING DETAILS OF BUSINESS**

Name of Bank

Bank Address



Postcode

Branch Sort Code

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Account Number

Account Name

**PART 5****TAXATION STATUS**

Is the Account eligible for Gross Interest?     Yes     No

(Please tick as appropriate)

**PART 6****ASSET 30 INCOME FACILITY**

Complete this section if you are applying for an Asset 30 Account and wish for the interest to be swept into another Account as Monthly Income. This facility is only available if the balance of your Account is over £10,000.

Account Number

Account Name

Name of Bank or Building Society

Branch Address



Postcode

Bank Sort Code

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**PART 7****TERM DEPOSIT ONLY**

To open a Term Deposit, you must send your funds to us via Electronic Transfer – we cannot accept a cheque for the deposit amount. On approval of your Application to open a Term Deposit, we will contact you to confirm the paying-in details and process.

Only complete the details below if applying for a Term Deposit.

Please select Term required

1 week

2 weeks

3 weeks

1 month

2 months

3 months

6 months

1 year

Other (please state)

Would you like us to automatically re-invest your Term Deposit at maturity into a new Term Deposit for the same Term and the same Deposit?  Yes  No

If **No**, please complete the section below with the details of the Account where you wish your deposit and interest to be paid to at the end of the term (UK Accounts only).

If **Yes**, would you like us to include your interest in your new Term Deposit?  Yes  No

If **No**, please complete the section below with the details of the Account where you wish your interest to be paid to at the end of each Term. (UK Accounts only).

**Account to which matured deposit & interest, or interest only, is to be paid to at the end of Term:**

Account Name

Account Number

Bank Name and Address

  
  


Postcode

Sort Code

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**PART 8****PROFESSIONAL ADVISER'S DETAILS**

Have you been introduced by a Professional Adviser?  Yes  No

If **YES**, please complete the details below. If **NO**, go to PART 9.

Name of Company

Address

  
  


Postcode

Telephone Number

Contact Name

Email Address



**PART 9 (CONT'D) PERSONAL DETAILS FOR ALL SOLE TRADERS/PARTNERS/DESIGNATED MEMBERS/  
DIRECTORS/25%+ SHAREHOLDERS/OTHER BENEFICIAL OWNERS/PRINCIPAL CONTROLLERS/  
CHAIRPERSONS AND AUTHORISED SIGNATORIES**

**DETAILS OF 2ND PERSON**

**Please tick ALL appropriate boxes.**

Existing Customer Existing Account Number   New Customer

Sole Trader  Director  Chairperson  Principal Controller  25%+ Shareholder

Partner  Designated Member  Beneficial Owner  Authorised Signatory

If you are a 25%+ Shareholder then please tell us what % you hold  %

Title (e.g. Mr/Mrs/Miss/Ms/Other)

First Name

Middle Name(s)

Surname

Previous Surname/Other name you use(d)

Gender  Male  Female

Nationality

2nd Nationality (if dual citizen)

Date of Birth (Day/Month/Year)  1 9

Current Home Address (Permanent Residential Address).

Postcode

Country of Residence

How long have you been at your current home address?

Years  Months

Home Telephone no.

Mobile Telephone no.

Business Telephone no.

Email Address

Previous Home Address if less than three years at address shown above (If more than one address, please provide details of all other addresses on a separate sheet)

Postcode

How long did you live at this address?  Years  Months

Do you share a mail box? (e.g. block of flats)  Yes  No  
If yes we will make special arrangements should you need to receive cheque/paying-in book, pin/card by post.

**Personal Banking Details:**

Name of Bank or Building Society

Branch Postcode

Bank Sort code

Your Account Number

Account Name

How long have you been with your bank?  Years  Months

**I confirm that I have enclosed Customer Identification in accordance with the Customer Identification Requirements Sheet**

**I confirm that a CVIC is being supplied**

If you are the Chairperson, a 25%+ Shareholder, any other Beneficial Owner or the Principal Controller and ARE NOT an Authorised Signatory then please sign the following statement.

If you are a Partner/Designated Member but ARE NOT signing the Declaration and ARE NOT to be an Authorised Signatory then please sign the following statement.

**I agree that I have read and understood the Data Protection Statement, in Part 11 of this Application Form, and agree that you can use my information as stated in the Statement.**

Full Name

Signature

Date  /  /

**PART 9 (CONT'D) PERSONAL DETAILS FOR ALL SOLE TRADERS/PARTNERS/DESIGNATED MEMBERS/  
DIRECTORS/25%+ SHAREHOLDERS/OTHER BENEFICIAL OWNERS/PRINCIPAL CONTROLLERS/  
CHAIRPERSONS AND AUTHORISED SIGNATORIES**

**DETAILS OF 3RD PERSON**

**Please tick ALL appropriate boxes.**

Existing Customer Existing Account Number   New Customer

Sole Trader  Director  Chairperson  Principal Controller  25%+ Shareholder

Partner  Designated Member  Beneficial Owner  Authorised Signatory

If you are a 25%+ Shareholder then please tell us what % you hold  %

Title (e.g. Mr/Mrs/Miss/Ms/Other)

First Name

Middle Name(s)

Surname

Previous Surname/Other name you use(d)

Gender  Male  Female

Nationality

2nd Nationality (if dual citizen)

Date of Birth (Day/Month/Year)  1 9

Current Home Address (Permanent Residential Address).

Postcode

Country of Residence

How long have you been at your current home address?

Years  Months

Home Telephone no.

Mobile Telephone no.

Business Telephone no.

Email Address

Previous Home Address if less than three years at address shown above (If more than one address, please provide details of all other addresses on a separate sheet)

Postcode

How long did you live at this address?  Years  Months

Do you share a mail box? (e.g. block of flats)  Yes  No  
If yes we will make special arrangements should you need to receive cheque/paying-in book, pin/card by post.

**Personal Banking Details:**

Name of Bank or Building Society

Branch Postcode

Bank Sort code

Your Account Number

Account Name

How long have you been with your bank?  Years  Months

**I confirm that I have enclosed Customer Identification in accordance with the Customer Identification Requirements Sheet**

**I confirm that a CVIC is being supplied**

If you are the Chairperson, a 25%+ Shareholder, any other Beneficial Owner or the Principal Controller and ARE NOT an Authorised Signatory then please sign the following statement.

If you are a Partner/Designated Member but ARE NOT signing the Declaration and ARE NOT to be an Authorised Signatory then please sign the following statement.

**I agree that I have read and understood the Data Protection Statement, in Part 11 of this Application Form, and agree that you can use my information as stated in the Statement.**

Full Name

Signature

Date  /  /

**PART 9 (CONT'D) PERSONAL DETAILS FOR ALL SOLE TRADERS/PARTNERS/DESIGNATED MEMBERS/  
DIRECTORS/25%+ SHAREHOLDERS/OTHER BENEFICIAL OWNERS/PRINCIPAL CONTROLLERS/  
CHAIRPERSONS AND AUTHORISED SIGNATORIES**

**DETAILS OF 4TH PERSON**

**Please tick ALL appropriate boxes.**

Existing Customer Existing Account Number   New Customer

Sole Trader  Director  Chairperson  Principal Controller  25%+ Shareholder

Partner  Designated Member  Beneficial Owner  Authorised Signatory

If you are a 25%+ Shareholder then please tell us what % you hold  %

Title (e.g. Mr/Mrs/Miss/Ms/Other)

First Name

Middle Name(s)

Surname

Previous Surname/Other name you use(d)

Gender  Male  Female

Nationality

2nd Nationality (if dual citizen)

Date of Birth (Day/Month/Year)  1 9

Current Home Address (Permanent Residential Address).

Postcode

Country of Residence

How long have you been at your current home address?

Years  Months

Home Telephone no.

Mobile Telephone no.

Business Telephone no.

Email Address

Previous Home Address if less than three years at address shown above (If more than one address, please provide details of all other addresses on a separate sheet)

Postcode

How long did you live at this address?  Years  Months

Do you share a mail box? (e.g. block of flats)  Yes  No  
If yes we will make special arrangements should you need to receive cheque/paying-in book, pin/card by post.

**Personal Banking Details:**

Name of Bank or Building Society

Branch Postcode

Bank Sort code

Your Account Number

Account Name

How long have you been with your bank?  Years  Months

**I confirm that I have enclosed Customer Identification in accordance with the Customer Identification Requirements Sheet**

**I confirm that a CVIC is being supplied**

If you are the Chairperson, a 25%+ Shareholder, any other Beneficial Owner or the Principal Controller and ARE NOT an Authorised Signatory then please sign the following statement.

If you are a Partner/Designated Member but ARE NOT signing the Declaration and ARE NOT to be an Authorised Signatory then please sign the following statement.

**I agree that I have read and understood the Data Protection Statement, in Part 11 of this Application Form, and agree that you can use my information as stated in the Statement.**

Full Name

Signature

Date  /  /

**Sole Trader/Partnership/Limited Liability Partnership/Private Limited Company/Public Limited Company**

I/We certify that at a meeting on  the Board of Directors/Partners/Designated Members passed a Resolution to open an Account with Cater Allen Private Bank and that Resolution has been duly recorded in the minute book.

I/We,  (the 'Account Holder')

being a Sole Trader/Partnership/Limited Liability Partnership/Private Limited Company/Public Limited Company hereby apply to open an Account ('the Account') with Cater Allen Private Bank ('the Bank') on the published Terms and Conditions thereof ('the Conditions'), which we acknowledge having received and to which we agree to be bound and any subsequent amendments which the Bank may inform us of from time to time, and in accordance with the Mandate below which shall remain in effect until a new Mandate is executed, and which we understand and accept and hereby request and authorise the Bank:

- (a) To honour and comply with all cheques drawn on our behalf and debit such cheques to the Account;
- (b) To honour and comply with all instructions for withdrawal from the Account;
- (c) To collect for credit to the Account, all instruments endorsed on behalf of the Account Holder as named above.

PROVIDED that such cheques, instructions or endorsements are signed by our Authorised Signatories as detailed below (please complete and tick the appropriate boxes):

Total Number of Authorised Signatories to be held on this account:

**Please note that if any VISA deferred-debit cards are issued on the Account, then the Account must be set up so that only ONE signature is required to authorise any transaction.**

Please process transactions on the account on the instructions of:

- any one signature
- any two signatures
- more than two signatures, please specify how many

The instructions of the signatories appearing in Part 12, when appearing in accordance with the current Mandate to operate the above account, will be honoured whether the Account is in credit or debit.

Provided further that the Bank be furnished with a list giving the full names and specimen signature and documentary proof of name and home address of each of the persons referred to in Part 12, certified, where applicable, by the Chairperson and Secretary and that the Bank receives notice in writing of any change there may be or any further such list, in each case and the Bank may be assured that any Resolutions have not been amended or revoked until it receives notice in writing thereof.

I/We authorise the Bank to make enquiries and to take up references as it considers appropriate in connection with this application form and this authorisation is to remain effective until the Bank receives our written notification to the contrary.

I/We agree that any indebtedness or liability incurred to the Bank under this authority shall, in the absence of any express written agreement by the Bank to us, be due and payable on demand.

I/We shall, as and when necessary, supply to the Bank lists of current Directors/Partners/Designated Members and, if applicable, other officials authorised to sign, with specimen signatures in accordance with the current Mandate to operate the above Account.

Upon any Partners/Designated Members/Directors ceasing to be a member of the Company by death or otherwise, the Bank may, in the absence of written notice to the contrary from us treat the surviving continuing Partners/Designated Members/Directors for the time being as having full power to carry on the business of the Company and to deal with its assets as freely as if there had been no change in the Company.

I/We authorise the Bank to send copies of all statements issued in respect of the Account and to disclose details of that Account to our Professional Advisor as named in Part 8 of this application form, or their successors in title (unless advised to the contrary). I/We acknowledge that my Professional Advisor may receive commission in respect of the Account.

The Bank is hereby authorised to comply with all withdrawal instructions given by facsimile, providing that such instructions are signed in accordance with the current Mandate to operate the above Account. The Bank may act upon such instructions immediately and without further enquiry unless it has cause to be suspicious as to the nature and content of the request.

I/We understand that the Bank accepts no liability whatsoever in respect of any losses which may be suffered as a result of any fraud or negligent misuse of the banking services including telephone banking unless such loss occurs as a result of fraud or negligence on the part of the Bank or its employees or agents.

The above authority shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in our constitution (or name), and shall apply notwithstanding any change by death, bankruptcy, retirement or otherwise.

**Changes to Signatories**

The Bank will not accept changes in Authorised Signatories unless detailed on our appropriate Renewal Mandate form.

**Closure of Account**

The Bank will not accept notification of closure of this Account unless it is authorised by the correct signatories as detailed on the valid Mandate that is in existence at that point in time.

**Explanatory Note:** If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

This statement relates to the information I have given in this application and to any other information which I provide to you (Cater Allen Private Bank) or which you hold on me. I confirm that I am entitled to disclose information about any parties named on the application form.

Whether or not I become a customer, all the information I give to you Cater Allen Private Bank or you hold on me including transactional data, may be shared with and used by the group of companies to which Cater Allen Private Bank belongs (the Santander group), your associated companies, service providers or agents who may be located in other countries. I understand that you will ensure that my information is only used in accordance with your instructions and your own strict internal confidentiality policies. If you transfer my information to another country, you will also ensure that it is given the same levels of protection as required under the UK Data Protection Act.

I agree that my information may be used in this way for administration purposes and to:

- Provide and run the account or service I have applied for and develop and improve your products and services.
- Invite me to take part in market research surveys. **If I would prefer not to be included in market research I can tick this box.**

**I am a Customer dealing directly with Cater Allen Private Bank**

I agree that Cater Allen Private Bank may identify and advise me by post, telephone, or electronic media of products or services, which you think may interest me. **If I would prefer not to receive up to date information on other products and services from Cater Allen Private Bank, I can tick the following boxes:**

**Please do not contact me**  **by telephone**  **by post**  **by e-mail**

**Unless I have indicated otherwise, by continuing with this application, I consent to you contacting me via any of the channels above.**

I understand that I may receive details of products and services from other Abbey group companies, if I have agreed to receive marketing from them directly.

**I have been introduced to Cater Allen Private Bank via an Intermediary**

I understand that Cater Allen Private Bank will not use my information for marketing purposes. However, I understand that I may receive details of products and services from other Abbey group companies if I have agreed to receive marketing from them directly.

**For all Cater Allen Private Bank Customers**

Before you can open my Account, you will check my details with Fraud Prevention Agencies, and may make searches at Credit Reference Agencies who will supply you with information including information from the Electoral Register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. **A record of this process will be kept that may be used to help other companies to verify my identity.** If I give you false or inaccurate information and fraud is identified, details will be sent to Fraud Prevention Agencies. Law enforcement agencies may access and use this information.

You and other organisations may search and use the records held by Credit Reference and Fraud Prevention Agencies about me and my Financial Associates or Partner/Spouse and others in my household, to prevent crime, fraud and money laundering and for example:

- to check details provided on applications for credit and credit related or other facilities
- to verify my identity if I or my Financial Associate applies for other facilities
- to help make decisions about credit and credit related services, insurance proposals and claims, and all types of facilities for me, my Financial Associate or Partner/Spouse and other members of my household
- to check the operation of credit and credit related Accounts and to manage Accounts and facilities, including tracing debtors and recovering debt
- to help make decisions about job applicants and employees
- to undertake statistical analysis and system testing.

You and other organisations may search and use from other countries the information recorded at Fraud Prevention Agencies. Further information on the Credit Reference Agencies and Fraud Prevention Agencies you use is available by telephoning your Agents on 0800 092 3300.

You may also give essential information about my Account and cards (if any) to others if necessary to run my Account and for regulatory purposes. If I have cards on this account, I understand that information relating to financial transactions carried out by use of my cards on my account may be given to any payment system under which you issue my cards (e.g. Visa or MasterCard), who may transfer the information overseas to process the transactions, for resolution of disputes and for statistical purposes.

Information about me will be kept after my account is closed. I understand I have the right to see certain records you hold about me on payment of a fee\* and that an information sheet (Subject Access Info sheet) explaining my rights is available by calling 0800 092 3300.

\*Please see Banking Tariff for details.

**Reserve or Corporate Account Applications Only:**

I understand that when you assess this application, and any future increase in my credit and/or overdraft limit (this does not apply to those under 18), you will use the information for credit assessment, which may include credit scoring. You may make any enquiries relating to me and my business that you consider necessary (e.g. from another financial institution) and search the files of Credit Reference Agencies at my business and home address, which will keep a record of each search. This could impact on my ability to obtain credit elsewhere within a short period of time. Details about this application (whether or not it proceeds) may be recorded at the Credit Reference Agencies. An association between joint applicants or between myself and any other person will be created at the Credit Reference Agency. This will link our financial records, each of which will be taken into account in all future applications by either or both of us. If an association already exists then my applications will be assessed with reference to these associated records. This situation will continue until one of us successfully files a disassociation at the Credit Reference Agency.

Details about me, my business and the conduct of this Account may also be passed to Credit Reference Agencies. When appropriate, the Credit Reference and/or Fraud Prevention Agencies will also record details of my agreement with you, the payments I make under it and any default or failure to keep to its terms and any deliberate non-payment following a change of address without notice.

The Credit Reference Agencies and/or Fraud Prevention Agencies may share my information with other organisations when credit decisions are being made, for the purposes described in the section "For all Cater Allen Private Bank customers" above.

Anyone who wishes to be able to transact on this account needs to be identified as an Authorised Signatory below. If you are not identified as an Authorised Signatory then we will not accept your signature as authorisation to carry out a transaction, e.g. on a letter, on a cheque, on a faxed request, etc.

**The following Authorised Signatories wish to operate this Account ("The Account") with Cater Allen Private Bank ("The Bank"). By signing this Application Form we agree that:**

- **We have read and understand the Data Protection Statement, and agree that you can use our information as stated in the Statement.**
- **We have received and accept the Terms and Conditions of this Account and agree to also be bound by any subsequent amendments advised to us by the Bank from time to time.**
- **Our Personal Information contained in Part 9 of this Application is true and correct.**

Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>

**This Declaration should be signed as follows:**

- Sole Trader – the Sole Trader is required to sign
- Partnership – by a minimum of 2 Partners
- LLP – by a minimum of 2 Designated Members
- Private Limited Company – by 2 Directors or by 1 Director and the Company Secretary, or if there is no Company Secretary and only a Sole Director then the Sole Director must sign. In this instance the Sole Director must sign in the presence of a witness who attests the signature.
- PLC – by a minimum of 2 Directors or 1 Director and the Company Secretary

**By signing this Application Form we agree that:**

- We have read and understand the Data Protection Statement, and agree that you can use our information as stated in the Statement.
- We have received and accept the Terms and Conditions of this Account and agree to also be bound by any subsequent amendments advised to us by the Bank from time to time.
- We confirm the validity of the Authorised Signatories in Part 12.
- The information contained in this Application is true and correct.
- Cater Allen Private Bank is duly authorised to operate the Account(s).

Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Full Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>

**To be completed only by a Witness who is attesting the signature of a Sole Director of a Private Limited Company.**

Name	<input type="text"/>	Occupation	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>

Address – Home or Business

<input type="text"/>
<input type="text"/>
Postcode

We do not require any Personal Identification Documentation for you.

**The Witness is not required to supply any Personal Identity Documentation.**

**Documentation required for Verification of Personal Identity**

**If you do not have a Professional Advisor** please supply documentation as per the accompanying Customer Identification Requirements Sheet for every person named on this Application. Please note: You must not send to us originals of the following valuable documents: Passport; Driving Licence; EEA member state ID card; Northern Ireland Voters Card. This is due to the dangers of postal interception and fraud and is for your own protection.

FSA regulated **Professional Advisers** may supply a CVIC (Confirmation of Verification of Identity Certificate) for every person named on this Application. All CVIC forms must be fully completed and of sufficient quality.

In addition, in order to speed up the opening of your new account, please can each of you provide a £1.00 personal cheque made payable to the new account.

**Documentation required for Verification of Business Entity**

**Sole Trader** – please supply an item from each of the two lists below

Please tick to indicate which ONE from the list you have provided.

- Inland Revenue Certificate
- Customs and Excise / VAT Certificate
- Business Bank Statement, if less than 3 months old
- Letter from an Accountant or Solicitor

Please tick to indicate which ONE from the list you have provided.

- Recent Utility Bill or Statement in the name of the Business for the Business Premises
- Extract from the Business' official website
- Current Business Letterhead or Company Letterhead

**Partnership** – please supply an item from each of the two lists below

Please tick to indicate which ONE from the list you have provided.

- Inland Revenue Certificate
- Customs and Excise / VAT Certificate

Please tick to indicate which ONE from the list you have provided.

- Recent Utility Bill or Statement in the name of the Business for the Business Premises
- Current Business Letterhead or Company Letterhead

**Private Limited Company, PLC & Limited Liability Partnership**

No documentary evidence is required, however if the Directors/Secretary/Designated Members details have recently changed, copies of Forms 288a/b/c or LLP288a/b/c should be supplied as appropriate.

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to register to receive correspondence in an alternative format please contact us on 0800 092 3300. For the hard of hearing and/or speech impaired please use the Typetalk service via 18001 0800 092 3300.

Cater Allen Private Bank is the name used for banking services provided by Cater Allen Limited. Registered Office: Abbey National House, 2 Triton Square, Regent's Place, London, NW1 3AN. Registered in England number 383032. Authorised and regulated by the Financial Services Authority. Cater Allen Limited is one of the Abbey group of companies. Cater Allen and the flame logo are registered trademarks. All deposits held with Cater Allen Private Bank are fully and unconditionally guaranteed by Abbey National plc. Calls may be recorded or monitored.

[www.caterallen.co.uk](http://www.caterallen.co.uk)