Community Investment Tax Relief (CITRA) Account - 17th Issue

Application form for corporate organisations or credit unions

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

FOR OFFICE USE
Account number

1. Deposit Details

We would like to open a CITRA 17th Issue with £
(Minimum opening deposit £3,750, maximum £500,000)

We have enclosed a cheque made payable to **Charity Bank – 'Your Organisation Name'**, drawn on our bank account for the amount shown above. (please tick)

We have enclosed an original bank statement* (Section 5 - Nominated Account) for copying and return, which will allow our funds to be transferred electronically once the account is opened. (please tick)

*to be dated within previous three months

2. Existing Account Details

Do you hold an existing Charity Bank account? Yes No

Account Number (if yes)

3. Applicant Details

Organisation's Name

Trading Name (if applicable)

Company/Credit Union No.

Organisation Type

Registered address

Postcode

Annual turnover £ (for year ended

Balance sheet total £ (for year ended)

Number of employees (for year ended)

4. Trustee, Director or Equivalent Details

In this section, please complete full details for all your trustees, directors, or equivalent.

And / OR

Please complete full details for all persons with significant control and beneficial owners holding more than 25% of the shares in the entity.

Please also state percentage of ownership.

If you have more than four trustees, directors or equivalent, please use a separate sheet, setting out for each person the same information requested here.

4. Trustee, Director or Equivalent Details (Cont.)

Position
Title (Mr/Miss/Ms/Mrs/Other)
Full Name
Previous Name (if changed)
Date of change (dd/mm/yyyy) / /
Date of Birth (dd/mm/yyyy) / /
Place & Country of Birth
Country of residence for Tax purposes
Nationality
Occupation
Address

Postcode

Position
Title (Mr/Miss/Ms/Mrs/Other)
Full Name
Previous Name (if changed)
Date of change (dd/mm/yyyy) / /
Date of Birth (dd/mm/yyyy) / /
Place & Country of Birth
Country of residence for Tax purposes
Nationality
Occupation
Address

Postcode

Position
Title (Mr/Miss/Ms/Mrs/Other)
Full Name
Previous Name (if changed)
Date of change (dd/mm/yyyy) / /
Date of Birth (dd/mm/yyyy) / /
Place & Country of Birth
Country of residence for Tax purposes
Nationality
Occupation
Address

Postcode

4. Trustee, Director or Equivalent Details (Cont.)

Position

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

Full Name

Previous Name (if changed)

Date of change (dd/mm/yyyy) / /

Date of Birth (dd/mm/yyyy) / /

Place & Country of Birth

Country of residence for Tax purposes

Nationality

Occupation

Address

Postcode

5. Organisation details

What does your organisation do? (Please be as specific as you can)

To open a CITRA 17th Issue 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. Contact and Address Details (If different from the registered address)

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

Full Name

Preferred Name

Date of change (dd/mm/yyyy) / /

Telephone No.

Mobile No.

Email

Position

Home Address

Postcode

If the contact has been a resident at this address for less than 3 years, please supply previous address details below.

Home Address

Postcode

7. Audit Authority

Do you wish Charity Bank to divulge information requested by your business 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 two signatures ☐

All signatories must sign ☐

Any other combination ☐ Names

Any two of the signatories mentioned in Section 9 ☐

One specific person ☐ Name

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

Title (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

Home Telephone No.

Signature

Signatory 2

Title (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

Home Telephone No.

Signature

8. (continued)

Signatory 3

Title (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 11)

Postcode

Home Telephone No.

Signature

Signatory 4

Title (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 11)

Postcode

Home Telephone No.

Signature

9. 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.

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? _____

10. Declaration and Authorisation

The company, partnership or limited liability partnership held a meeting on _____ where it was resolved that the sum stated above, being part of the funds of the said body, be saved with The Charity Bank Limited and that the officers named above be authorised, on behalf of the said body, to operate the account.

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

☐ Certified copy Memorandum and Articles of Association

☐ Certified copy Certificate of Incorporation

☐ Registered Rules

☐ Other document registered with Governing body

By signing this form you are agreeing to the Charity Bank Terms for organisations, Additional Terms and Summary Box for a Community Account and intend to open a Community Investment Tax Relief Account (CITRA) Issue 17 and Key Features document, and agree to be bound by 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)

10. (continued)

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)

Private Limited Companies – at least two directors or at least one director and the company secretary or if a company has just one director and no secretary, the director should sign and the signature should be witnessed. In these cases the witness should write clearly "witnessed by" and then provide their name, signature and date in the space provided

Public Limited Companies – at least two directors or at least one director and the company secretary

LLPs – at least two designated members

Other partnerships – at least two partners

Signature		Signature	
PRINT NAME		PRINT NAME	
Date	/ /	Date	/ /
Signature		Signature	
PRINT NAME		PRINT NAME	
Date	/ /	Date	/ /

11. Previous addresses

This section is for authorised signatories and/or account contacts 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

Registered Office: The Charity Bank Limited, Fosse House, 182 High Street, Tonbridge, TN9 1BE. Company registered in England and Wales No. 4330018. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No. 207701. Member of the Financial Services Compensation Scheme (FSCS).

Deposit Guarantee Scheme: Information Sheet

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Basic information about the protection of your eligible deposits

Eligible deposits in The Charity Bank Ltd are protected by:	the Financial Services Compensation Scheme ("FSCS")[1]
Limit of protection:	£85,000 per depositor per bank / building society / credit union.[2]
If you have more eligible deposits at the same bank / building society / credit union:	All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £85,000.[2]
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately.[3]
Reimbursement period in case of bank, building society or credit union's failure:	10 working days.[4]
To contact The Charity Bank Ltd for enquiries relating to your account:	The Charity Bank Ltd Fosse House 182 High Street Tonbridge Kent TN9 1BE Tel: 01732 441900 Email: enquiries@charitybank.org
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House 15 St Botolph Street London EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100 Email: ICT@fscs.org.uk
More information:	www.fscs.org.uk
Acknowledgement of receipt by the depositor:	Please refer to the tick box on the postal or online application form.

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Additional information

[1] Scheme responsible for the protection of your eligible deposit
Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

[2] General limit of protection
If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

(a) certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
(b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
(c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under www.fscs.org.uk

[3] Limit of protection for joint accounts
In case of joint accounts, the limit of £85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

[4] Reimbursement
The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within 7 working days, it will, until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses (in the case of a depositor which is not an individual or a large company) within 5 working days of a request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under www.fscs.org.uk.

Other important information
In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which are set by the Deposit Guarantee Scheme and may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

Exclusions list

A deposit is excluded from protection if:

1. The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact us.
2. The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
3. It is a deposit made by a depositor which is one of the following: credit institution, financial institution, investment firm, insurance undertaking, reinsurance undertaking, collective investment undertaking, pension or retirement fund[1], public authority, other than a small local authority.

[1] Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.

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