Ethical Fixed Rate 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 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.

	OFFICE USE punt number
1.	Deposit Details
	We would like to open an Ethical Fixed Rate Account with f (minimum of £10,000)
	1-year 3-year
	We have enclosed a cheque made payable to Charity Bank – 'Your Organisation 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
	Correspondent's name
	Contact phone
	Contact email
	Correspondence address (if different)
	Postcode

3.	Your Charity, Trust or Unincorp	orated Association's Details (Cont.)
	Type of Trust	
	Nature of activities and purpose of charity, trust or unincorporated association	
	Annual turnover	£ (for year ended)
	Balance sheet total	£ (for year ended)
	Number of employees	(for year ended)
	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.	
	,	
4.		owing relevant to your organisation – Trustees, Directors, duals 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 t	han four people, please use a separate sheet setting out details for each.
	Your information will be used to satisfy ou	ur '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	
	Country of residence for Tax purposes	
	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 11 of this form
	Would you like assistance with any of the following?	Large Font Braille Audio
	Do you require any further support? Please provide details.	

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 Country of residence for Tax purposes Yes No Are you a permanent UK resident? Home Address NB. if less than 3 years please supply further address history Time at home address Years Months using section 11 of this form Would you like assistance with any Large Font Braille Audio of the following? Do you require any further support? Please provide details. 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 Country of residence for Tax purposes Are you a permanent UK resident? Yes No Home Address NB. if less than 3 years please supply further address history Time at home address Years Months using section 11 of this form Would you like assistance with any Large Font Braille Audio of the following? Do you require any further support? Please provide details.

T.	Petails of all the followand Secretary (Cont.)	wing relev	ant to yo	our organ	nisation -	Trustees, Directors,
Position (held wit Title (Eg. Mr/Miss	thin the organisation) s/Ms/Mrs/Other)					
Full Name						
Previous Name (it	f changed)					
Date of change (dd/mm/yyyy)	/	1			
Date of Birth (dd	/mm/yyyy)	/	1			
Country of Birth						
Country of reside	nce for Tax purposes					
Are you a permai	nent UK resident?	Yes	No			
Home Address						
Time at home ad	dress	Years	Month		3. if less than 3 ing section 11 c	B years please supply further address history of this form
Would you lik of the followin	re assistance with any ng?	Large Fo	ont	Braille		Audio
Do you requir Please provid	e any further support? e details.					
5. Nominated	d Bank Details					
	account with Charity Bank t ling Society. Please provide			old a curre	ent account	with α UK registered
Bank / Buildir	ng Society					
Sort code:						
Account Num	ber:					
	Hetails are known as your Neturned to the account det			ase note th	nat for with	drawals and account closures, funds
with Only be I	starried to the decount det	anca above.				
	Petails of all Beneficia				se, please r	notify us immediately)
	Miss/Ms/Mrs/Other)					
Full name						
	(dd/mm/yyyy)	1	1			
Country of bi		,	•			
	sidence for Tax purposes					
	rmanent UK resident?	Yes	No			
Home Addres		163	140			
Tionie Addres						
Time at home	e address	Years	Month	ns N	B. if less the	an 3 years please supply further ory using section 11 of this form

6.	Personal Details of all Benef	ial Owners of α Trust (Cont.)
	Would you like assistance with any of the following?	Large Font Braille Audio
	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	
	Country of residence for Tax purpos	S .
	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 11 of this form
	Would you like assistance with any of the following?	Large Font Braille Audio
	Do you require any further support? Please provide details.	
	Audit Authority	
7.	_	information requested by your accountant / auditor or solicitor? ow. 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 ensure your banking facilities are not compr	or your future reference. It is important to keep your signatories up to date to omised at any time.	
		address for less than three years you must provide their previous three form (Section 11). Not providing this will prevent us from continuing with the individuals can be made.	
	Signing rules for your account (please tick o	an appropriate box)	
	Any two signatures		
	All signatories must sign		
	Any other combination of signatures	Names	
	One specific person	Name	
	Signatory 1 (all correspondence will be add	ressed to signatory 1)	
	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 (NB. if less than 3 years please supply further address history using section 11)	Yes No	
	Postcode		
	Home Telephone No.		
	Signature		
	Would you like assistance with any of the following?	Large Font Braille Audio	
	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)	1 1
	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	
	Would you like assistance with any of the following?	Large Font Braille 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)	1 1
	Date of Birth (dd/mm/yyyy)	1 1
	Country of Birth	
	Are you a permanent UK resident? Home Address (NB. if less than 3 years please supply further address history using section 11)	Yes No
	Postcode	
	Home Telephone No.	
	Signature	
	Would you like assistance with any of the following?	Large Font Braille Audio
	Do you require any further support? Please provide details.	

8.	Bank Mandate (Cont.)
<u> </u>	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 11)
	Postcode
	Home Telephone No.
	Signature
	Would you like assistance with any Large Font Braille Audio of the following?
	Do you require any further support? Please provide details.
9.	Use of information
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.
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10.	Declaration and Authorisation	
	Please provide a copy of any of the following documents that be certified as a true copy by an Anti-Money Laundering trained	are relevant to your charity or trust (please tick). The copies must ed individual (i.e. banker/solicitor/accountant)
	Rules	
	Constitution	
	Trust Deed	
	By signing this form you are agreeing to the Charity Bank Teand the Additional Terms for an Ethical Fixed-Rate Account of	rms for savings accounts held by organisations, Summary Box 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 to the account and understand that any new signatory/signal before acceptance by the Bank	
	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 pro	ovides information about the protection of your savings.
	Please acknowledge receipt of the Deposit Guarantee Schem	e: Information Sheet (please tick)
	The declaration and authorisation should be signed as follow	rs:
	Unincorporated Associations (clubs and societies) – the Chair	man and the Secretary
	Trusts – at least two trustees	
	Charities – in accordance with the governing document or res	solution of the governing body
	Signature	Signature
	Date / /	Date /
	Signature	Signature
	Date /	Date /

11.	Previous addresses	
	years. Please supply further a	ignatories and/or account holders that have lived at their current address for less than three ddress details to complete the application process. Enter the full name and then the first line 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



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.

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 fund¹, public authority, other than a small local authority.
 - Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.

