Notice account application form

• This form is for:

Cambridge & Counties Bank

- Credit unions
- Other mutual societies

Before you begin:

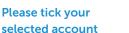
- Please tick the box to confirm the organisation, any related entities and its owners/controllers are incorporated and based in the UK, liable to pay tax in the UK only and all individuals named on the account are 18 or over. We cannot accept client monies into this account. We can only proceed with your application if this box is ticked
- Please complete this form using BLOCK CAPITALS. This makes it easier for us to read.

Section

1

Which account are you applying for?

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95 Day Credit Union Notice Account

Credit union notice account paying **1.70%** Gross/AER (monthly 1.687%) Variable (Issue 15). Minimum initial deposit of £10,000 and maximum overall deposit of £3m.

Section

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Tell us about the organisation

Organisation name	
0	This must match your nominated current account name in Section 3 .
Organisation trading name	(if different to above)
Registered address	
	Postcode
Trading address	(if different to Registered address above)
	Postcode
Organisation contact individual	Title Forename(s) Surname Full details of this individual must be provided in Section 5 or 6.

Organisation contact number(s)	or					
(in order of preference)						
Organisation contact email address						
0	This is how we will usually contact the organisation about the account e.g. changes to the account or terms & conditions					
Main activity of organisation	Credit union					
Organisation turnover/income for last full financial year	£ Date last full financial year ended D D M Y Y					
Total net current assets for organisation	£ Number of employees excl. volunteers/unpaid staff					
Date of incorporation	D D M M Y Y Company number					
FCA number						
Does this organisation already have an accoun Cambridge & Counties						
Does this organisation operate in any countrie outside the UK?	s Yes No If yes, please state which countries					

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About the deposit & nominated current account

Deposit amount	I/We would like to invest:				
	i This must be within the relevant minimum/maximum deposit amount highlighted in Section 1 .				
Client funds are not accepted as a deposit.					
Where has this deposit come from? (tick all that apply)	Existing savingsTrading income / profitCapital injection / loanProceeds of a sale				
(den da and apply)	Investment Compensation / Donation / grant / subscriptions				
	Other (please provide details)				
How will you make your opening deposit?	 We may ask you to provide additional information such as your most recent annual accounts, to verify your source of funds. Your opening deposit must come from your nominated current account as detailed below. 				
	This can be made either by electronic transfer or cheque. Electronic transfer You will need to send us either a void cheque showing the account number and sort code, or an original/certified copy of a bank statement for the nominated current account, showing the account number and sort code (a copy statement would need to be certified by the issuing bank or in accordance with the standards detailed here: www.gov.uk/certifying-a-document). The statement must be dated within the last 3 months. All original statements will be returned to you. Once your account is open, we will write to you with details of how to make your deposit.				
	Cheque The cheque must be made payable to the organisation name as outlined in Section 2 and the cheque must show the account number and sort code to verify the account. The cheque must be included with your application form.				
The nominated	d current account				
	hdrawals must be made to/from the nominated current account. This can be with any UK bank or d must be held in the same name as the organisation outlined in Section 2 .				
Bank/Building Society name					
Account name	e.g. Credit union				
Account number	Sort Code				
About the	e interest				
Interest is credited to y	our account on either a monthly or annual basis.				
Please tick to specify th	ne frequency of the interest on your account. Annual Monthly				
Please tick here if you	would prefer the interest (see Section 1) to be paid into the nominated current account.				
	RC rules mean that banks no longer deduct any tax from interest payments made. Your interest will but the deduction of tax (Gross). The organisation will need to pay any tax that may be owed to HMRC.				
Statements are general	ted annually on the anniversary of your account opening. If you would like them to be sent during a				

Month

specific month e.g. in line with your year end, please specify which month here.

Section

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- The next three sections ask for information related to any individuals in the organisation. We need this information to operate your account effectively and meet regulatory requirements.
- A Signatory is an individual who has the authority to operate and transact on the account e.g. request a withdrawal, change signatories or nominated current account details. Only Signatories may have online account access.

Section

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About the individuals who run the organisation

This section must be completed with the personal details of two **Directors/Controllers** (unless the organisation has only one) – e.g. Chairperson, Financial Controller/Treasurer or equivalent. These individuals are defined as the members of the governing body of the organisation and must have the authority to open the account on behalf of the organisation, and are required to sign the declaration in **Section 11**.

Individual 1

Role/Position	e.g. Chairperson, Financial Controller/Treasurer					
Name	Title Forename(s) Surname					
Personal address						
	Postcode					
Personal email address						
Personal mobile number	National Insurance Number					
Date of birth	D D M M Y Y Nationality					
Is this individual a UK res	sident and pays tax in the UK only? Yes No					
Is this individual already named on an account wit Cambridge & Counties Ba						
Is this individual to be a signatory on this accoun	Yes No If yes, please sign here					
Individual 2						
Role/Position	e.g. Chairperson, Financial Controller/Treasurer					
Name	Title Forename(s) Surname					
Personal address						
	Postcode					
Personal email address						
Personal mobile number	National Insurance Number					
Date of birth	D D M M Y Y Nationality					
Is this individual a UK resident and pays tax in the UK only? Yes No						
Is this individual already named on an account wit Cambridge & Counties Ba						
Is this individual to be a signatory on this accoun	Yes No If yes, please sign here					

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About the individuals who will run this account

This section is for **additional Signatories.** If there are no additional Signatories to add, **please go to Section 8.**

If you require more than two additional signatories, please print and complete additional copies of this page.

Individual 1						
Role/Position	e.g. Finance Officer					
Name	Title Forename(s) Surname					
Personal address						
	Postcode					
Personal email address						
Personal mobile number	National Insurance Number					
Date of birth	D D M M Y Y Nationality					
Is this individual a UK res	sident and pays tax in the UK only? Yes No					
Is this individual already named on an account wit Cambridge & Counties Ba						
Signature						
Individual 2						
Role/Position	e.g. Finance Officer					
Name	Title Forename(s) Surname					
Personal address						
	Postcode					
Personal email address						
Personal mobile number	National Insurance Number					
Date of birth	D D M M Y Y Nationality					
Is this individual a UK resident and pays tax in the UK only? Yes No						
Is this individual already named on an account wit Cambridge & Counties Ba						
Signature						

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Other individuals in your organisation

This section is for any **additional Directors/Controllers** not listed in **Section 5 or 6**. These individuals are defined as the members of the governing body of the organisation.

If these individuals have already been listed in Section 5 or 6, they do not need to be repeated, please continue to Section 8.

	Name		Date of birth	Home postcode
1	Forename(s)	Surname		
2	Forename(s)	Surname		
3	Forename(s)	Surname		
4	Forename(s)	Surname		
5	Forename(s)	Surname		
6	Forename(s)	Surname		
7	Forename(s)	Surname		
8	Forename(s)	Surname	DD/MM/YY	
9	Forename(s)	Surname		
10	Forename(s)	Surname	DD/MM/YY	
11	Forename(s)	Surname		
12	Forename(s)	Surname		
13	Forename(s)	Surname	DD/MM/YY	
14	Forename(s)	Surname		

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Additional individuals

If you require any individuals to have access to the account for information purposes please complete the section below.

Only balances, transaction history and general information can be given via phone or the correspondence email address. These individuals will not have online account access or be able to make changes to the account.

Name	Title	Forename(s)			Surname		
Organisation (if applicable)							
Personal address							
				Postcode			
Personal email address							
Personal contact number				Date of birt	h D D	MM	YY
Is this individual already named on an account w Cambridge & Counties B	· · · · · · · · · · · · · · · · · · ·	No	lf yes, please provi account number	de			

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Data about you and connected individuals

Cambridge & Counties Bank Limited hold and use your personal information and information about connected individuals (e.g. Directors, Shareholders, Trustees, Beneficiaries) in accordance with the UK General Data Protection Regulation. We will use the contact details provided to get in touch regarding the account with us. We will use the information on this form to open the account, manage it and tailor the service we offer as well as make checks and seek any verifications needed. The information you provide us with, or is collected by the Bank during our dealings with each other, is kept for as long as is necessary to administer any contractual relationships with us, or for as long as regulation or the law says we have to, if that's longer. To prevent criminal activities, information captured on this form and obtained from Credit Reference Agencies or other third parties will be shared with relevant agencies who may keep a record of it. These agencies will also give us electoral roll information for the purpose of verifying the identities of significant persons to this application, which we will retain. Where additional individuals are identified as part of this process (e.g. Undisclosed Directors, Ultimate Beneficial Owners) we will process the data for the prevention and detection of crime. If criminal activity is identified, any details we hold will be passed to the relevant agencies.

You can find our full Privacy Notice, explaining how we use personal information and what rights there are in relation to it, at <u>www.ccbank.co.uk/privacy-notice</u>. If you are providing information regarding other individuals, you must make sure they are aware of the privacy notice referenced above. If you have any questions or require further information, please get in touch using the details below:

🔮 Write: Data Protection Officer, Cambridge & Counties Bank, Charnwood Court, 5B New Walk, Leicester LE1 6TE

Call: 0344 225 3939

Email: dataprotection@ccbank.co.uk

By signing this document, you are declaring that you have read and understood both the above summary and our full Privacy Notice.

Would you like to hear from us?

Occasionally we may share information with you about account launches and news from Cambridge & Counties Bank. If you wish to receive this information, please tick the ways in which you would like to hear from us:

Post Telephone Email

You can withdraw your consent to receiving these types of communications at any time by contacting us on the details above.

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About the Financial Services Compensation Scheme

Credit unions are currently ineligible and therefore not covered by the FSCS. We are covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors if a bank is unable to meet its financial obligations. For further details and to view/download the FSCS Information and Exclusions list, please visit our site at www.ccbank.co.uk/fscs

This box must be ticked to proceed

I/We confirm that we have received the information sheet and exclusions list.

It is a regulatory requirement that all banks have to maintain records to help determine the eligibility of their customers. If the organisations circumstances change, you must inform us of the change.

If you are unsure as to whether you are eligible or not, you can call us on 0344 225 3939 or email <u>savings@ccbank.co.uk</u> Alternatively, you can contact the FSCS directly on 0800 678 1100 or visit www.fscs.org.uk



Declaration

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I/We declare that:

- 1. I/We understand that any one of the signatories can sign to withdraw on this account;
- 2. I/We understand that all withdrawals and deposits will be via the nominated current account provided in the application;
- 3. I/We understand that I/we can deposit a maximum of £10m per organisation overall with Cambridge & Counties Bank;
- 4. I/We confirm that I/we have read and accept the Summary Box, the account Terms & Conditions and the Tariff of Charges applicable to this account; and that I am/we are eligible to apply for this account.
- 5. I/We have read the Privacy Notice and understand how Cambridge & Counties Bank will process my/our personal data and the data of any linked parties. I/We agree that Cambridge & Counties Bank may use my/our information as stated in this application form and where information has been provided in relation to others I/we have informed them of the Privacy Notice provided in the application;
- 6. This application form has been completed to the best of my/our knowledge and belief;
- 7. The account I am/we are opening and the money I am/we are investing or will invest is on behalf of the organisation provided in the application and is not clients' monies, unless specific authorisation to open this account has been obtained from the client. I/We hereby certify that the organisation has the power to open the account applied for and that if required I/we will produce evidence of the appropriate authority to confirm that the deposit may be made;
- 8. I/We authorise you to act on the instructions of the signatories and I/we agree to provide you with an authorised signature for each signatory. I/We also agree and acknowledge that I/we will not hold the Bank responsible if the organisation suffers a loss as a result of you acting on the authority and instructions of the signatories. I/We will tell you immediately in writing if the signatories are to be changed;
- 9. I/We agree that we will notify the Bank should the organisation's status or account related individuals change. I/We will also notify you if the organisation's tax status or residency change and;
- 10. I/We confirm that all named individuals are resident in the UK. I/We will notify the Bank immediately if the status of the organisation or named individuals change.
- 11. I/We understand that no withdrawals can be made during the term of the Bond.

PLEASE SIGN BELOW

The below individuals must have provided details in Section 5 of this form.

1st Organisation Director/Trustee

Date

Name

Position

2nd Organisation Director/Trustee Signature Signature Μ Μ Date М М Name

Position

Once complete, please return the application to the address below, together with one of the following:

- your opening deposit cheque
- an original/certified copy of a bank statement for your nominated current account

Q 0344 225 3939 Ccbank.co.uk

🕐 Cambridge & Counties Bank, Charnwood Court, 5B New Walk, Leicester LE1 6TE

Cambridge & Counties Bank Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under firm registration number 579415. Our authorisation can be checked at the Financial Services Register at www.fca.org.uk.

21 July 2022