

Application form for a Limited Company Account

The Cater Allen CORPORATE HIGH INTEREST CHEQUE ACCOUNT

CATER ALLEN PRIVATE BANK

Please complete this form in BLOCK CAPITALS and return it to: Cater Allen Private Bank, Sovereign House, 16-22 Western Road, Romford RM1 3SP
If you need any help to complete this form please call us on **0800 716 177**.

To complete our verification procedures and to comply with money laundering regulations, please ensure you enclose the relevant documents for proof of identity. We cannot process your application without this information.

1 Account details

Account name

Address for correspondence
and statements

Postcode

Telephone no

Fax no.

E-mail address

Mobile no.

Business activity

Contact

Company registration no.

Are any Company Assets subject
to charge or debenture

Yes

No

Existing Account no.
if any

Business established for

If you have any other bank accounts (either business or personal), please give details. A reference may be taken.

Bank name
& address

Postcode

Account no.

Account type Business

Personal

Sort Code

2 Opening deposit

Currency*

Amount

*Normally only £ Sterling,
US dollars and euro

- I/we enclose a personal cheque for the total amount I/we wish to place on deposit made payable to 'Cater Allen Limited'. NB For joint accounts please send a single cheque from an existing joint account **signed by you both** – or separate cheques to make up the deposit.

- I have arranged for the above amount to be transferred to Cater Allen Bank:–

Sort Code: 16 – 51 – 72 Account name: CATER ALLEN LIMITED

Reference: 'Account name' given in Section 1 Account Details.

Details of bank making the transfer on following page.

Bank name
& address

Postcode

Sort Code

Telephone no.

Continued overleaf

3 Account facilities required

Please open account(s) denominated in the following currencies:

£ Sterling US\$ euro

Please indicate if you require:

Cheque book Paying-in book (*£ Sterling accounts only*)

4 VISA application *if required.*

Please issue euro denominated VISA cards to Authorised Signatories and *

* *Please insert one or two letters corresponding to the Authorised Signatories shown in part 6.*

Each card requires the following minimum balance to be held in the same currency: £2,500, US\$ 5,000, €5,000

Please provide a password **for the purpose of activating your VISA card(s).**

This could be the mother's maiden name of the first nominated Authorised Signatory (*in part 5*).

Where the mother's maiden name has less than 6 or more than 8 characters, please choose an alternative password.

Password *Min. 6 characters Max. 8 characters*

5 Proof of identity

In order to comply with Money Laundering Regulations, we are required to ask for documentary proof of identity from applicants who are not already known to us.

Please refer to the checklist on the back of this application for the items of identification that must be produced for all the Authorised Signatories and 20% Shareholders.

6 Authorised Signatories

A Title *Mr/Mrs/Miss/Ms/Other*

Surname

Home address

Postcode

How long have you been at your current home address?

Home tel no.

Previous address, if less than three years at address shown above (*if more than two addresses, please provide details of all other addresses separately*)

Previous home address

Postcode

How long did you live at this address?

Position

Forenames

Specimen signature

Date of birth

National Insurance no.

Nationality

B Title *Mr/Mrs/Miss/Ms/Other*

Surname

Home address

Postcode

How long have you been at your current home address?

Home tel no.

Position

Forenames

Specimen signature

Date of birth

National Insurance no.

Nationality

Previous address, if less than three years at address shown above (if more than two addresses, please provide details of all other addresses separately)

Previous home address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
How long did you live at this address?	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months

C Title *Mr/Mrs/Miss/Ms/Other* Position
Surname Forenames
Home address Specimen signature

Postcode Date of birth 1 9
How long have you been at your current home address? Years Months National Insurance no.
Home tel no. Nationality

Previous address, if less than three years at address shown above (if more than two addresses, please provide details of all other addresses separately)

Previous home address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
How long did you live at this address?	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months

D Title *Mr/Mrs/Miss/Ms/Other* Position
Surname Forenames
Home address Specimen signature

Postcode Date of birth 1 9
How long have you been at your current home address? Years Months National Insurance no.
Home tel no. Nationality

Previous address, if less than three years at address shown above (if more than two addresses, please provide details of all other addresses separately)

Previous home address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
How long did you live at this address?	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months

7 Details of Shareholders with more than 20% capital

Please give full details below of all shareholders holding more than 20% capital. (This information is required by Money Laundering Regulations). Continue on a separate sheet if necessary.

Title *Mr/Mrs/Miss/Ms/Other* Position
Surname Forenames
Home address

Postcode Date of birth 1 9

How long have you been at your current home address? Years Months National Insurance no.

Home tel no. Nationality

Previous address, if less than three years at address shown above (if more than two addresses, please provide details of all other addresses separately)

Previous home address

Postcode

How long did you live at this address? Years Months Years Months

Title *Mr/Mrs/Miss/Ms/Other* Position

Surname Forenames

Home address

Postcode Date of birth 1 9

How long have you been at your current home address? Years Months National Insurance no.

Home tel no. Nationality

Previous address, if less than three years at address shown above (if more than two addresses, please provide details of other addresses separately)

Previous home address

Postcode

How long did you live at this address? Years Months Years Months

8 Application and Mandate

We certify that the following resolution of the board of directors of the Company was passed at a meeting of the board held on date

and has been duly recorded in the minute book of the Company. It was resolved that:

- 1 The Company applies to open a Cater Allen Account and agrees to accept the published Terms and Conditions.
- 2 The Company authorises Cater Allen Limited:
 - a to honour all cheques and other orders or instructions authorising payment signed on behalf of the Company by any/any *Delete as applicable and insert number of signatures required for cheques and other instructions* of the signatories appearing in Section 6 whether any account of the Company is in credit or debit
 - b to deliver up any item held by Cater Allen Limited on behalf of the Company in safe custody or for any other purpose against the written receipt or instructions of the signatories, and
 - c to accept the signatories as fully empowered to act on behalf of the Company in any other transactions with Cater Allen Limited.
- 3 The Company agrees that any indebtedness or liability incurred to Cater Allen Limited under this authority shall, in the absence of any express written agreement by Cater Allen Limited to the contrary, be due and payable on demand.
- 4 The Secretary shall, as and when necessary, supply to Cater Allen Limited lists of current directors, and, if applicable, other officials authorised to sign with specimen signatures and Cater Allen Limited may rely upon such lists signed by the Secretary.

You may, from time to time, send me/us details of additional services which you believe I/we will find beneficial. If I/we do not wish to receive such information, I/we can indicate this by ticking this box:

Please sign below

Director

Secretary

Signature

Print Name

Date

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

9 Corporate questionnaire

In order for us to understand your banking requirements, please complete the following:

Approx Average Credit Balance <i>(over the last 12 months)</i>	<input type="text"/> /Month	Number of Automated BACS Credits	<input type="text"/> /Month
Number of Cheques Paid in	<input type="text"/> /Month	Number of Cheques Drawn on Account	<input type="text"/> /Month
Number of Standing Orders and Direct Debits Paid	<input type="text"/> /Month	Amount of Notes and Coin Paid into Account	<input type="text"/> /Month
Total Value of Credits to Account	<input type="text"/> /Month	Total Value of Debits to Account	<input type="text"/> /Month

Will you require a Salary Payment Service? Yes No

Are you likely to require us to make regular CHAPS payments outwards? Yes No

If yes, please give an indication of:

Frequency Amounts

Reason for regular outward payments

Destination:

Bank name and Address

Postcode

Recipient:

Account name

Account no. Sort code

Are you likely to receive regular Sterling CHAPS payments or foreign payments inwards? Yes No

If yes, please give an indication of:

Frequency Amounts

Reason for regular inward payments

Please provide details of any regular foreign payments you wish to make:

Frequency Amounts

Reason

Country

Proof of identity checklist

Please enclose, for EACH authorised signatory and 20% Shareholder, TWO OF THE FOLLOWING ITEMS showing both their name and address:--

- Original** credit card statement (**no more than three months old**)
- Original** bank or building society statement, or credit union statement containing address (**no more than three months old**)
- Original** recent utility bill (**no more than three months old**)
- Original** council tax bill (**for current year**)
- Original** Inland Revenue Notice of Coding (**latest**)
- Original** recent mortgage statement from a Recognised Lender

PLUS

- Certificate of Incorporation
- For businesses operating for more than 22 months a copy of the latest report and accounts

These documents will be returned to you in due course

To complete our verification procedures and to comply with money laundering regulations, please ensure you enclose the relevant documents for proof of identity – we cannot process your application without this information.

If you require this information in large print, Braille, audio tape or PC disk, please contact us on 0800 716 177 or by text phone on 0800 028 9333.

CATER ALLEN
PRIVATE BANK

www.caterallen.co.uk

Cater Allen Private Bank is the name used for Private Banking by Cater Allen Limited.
Registered Office: Abbey National House, 2 Triton Square, Regent's Place, London NW1 3AN. Registered in England No. 383032.
Member of the Abbey National Group. All deposits held with Cater Allen Private Bank are fully and unconditionally guaranteed by Abbey National plc.

Telephone calls may be recorded or monitored.

CHICA/L 05/02