

# Corporate Deposit Application

This application form is for deposits made by, or on behalf of a Company or other organisation.

**Important:** Before completing this form please note the Society's Investment Terms and Conditions together with your chosen account terms and the Rules of the Society.

Please complete this form in **BLOCK CAPITALS** and then **READ AND SIGN THE DECLARATION OVERLEAF**. If you require any assistance in completing this form please contact us.



**IPSWICH**  
Building Society

## Account Information

Name of Organisation \_\_\_\_\_

Name and Address for correspondence \_\_\_\_\_

Postcode \_\_\_\_\_ Tel. No. \_\_\_\_\_

Registered Email Address: *This address will be used for rate change notifications* \_\_\_\_\_

For Office Use:

Account No.:

\_\_\_\_\_

Please tick to confirm organisation is either a:  Corporate Body  Unincorporated Body/Club/Association  Incorporated Body/Club/Association

Customer No.:

\_\_\_\_\_

Nature of Business \_\_\_\_\_

**Opening Investment:** Amount £ \_\_\_\_\_

Please note minimum opening investment is £25,000. Opening investment should be by cheque from the organisation's bank account. Maximum investment £2,500,000.

### Interest Payment Instructions

Add to this account.

Pay away to another bank account as detailed below:

Bank name and address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Account Name: \_\_\_\_\_

Sort code \_\_\_\_\_ Account No. \_\_\_\_\_ Ref. \_\_\_\_\_

(if applicable)

## Account Operations

### Expected Monthly Movements on the Account

Value of transactions in: \_\_\_\_\_ Number of transactions in: \_\_\_\_\_

Value of transactions out: \_\_\_\_\_ Number of transactions out: \_\_\_\_\_

What is the purpose for this account being opened? \_\_\_\_\_

### Withdrawal Mandate

 Minimum two signatories required for any withdrawal.

Withdrawals to be paid on:  any two  any three  all four

of the signatures of the officials named below, or any substitutes subsequently notified to the Society in writing.

Other (please specify): \_\_\_\_\_

Where no instructions are received all signatories will be required to sign for withdrawals.

### CHAPS Mandate

If you want to set up a CHAPS mandate for withdrawals to your nominated bank account please ask us for more details.

## Details of Signatories

For Office Use:

Customer No.:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

1. Full Name: (title) \_\_\_\_\_ (forename/s) \_\_\_\_\_ (surname) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: (d,d,m,m,y,y,y,y)

Address confirmed (for office use)

Copy of ID attached (for office use)

2. Full Name: (title) \_\_\_\_\_ (forename/s) \_\_\_\_\_ (surname) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: (d,d,m,m,y,y,y,y)

Address confirmed (for office use)

Copy of ID attached (for office use)

3. Full Name: (title) \_\_\_\_\_ (forename/s) \_\_\_\_\_ (surname) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: (d,d,m,m,y,y,y,y)

Address confirmed (for office use)

Copy of ID attached (for office use)

4. Full Name: (title) \_\_\_\_\_ (forename/s) \_\_\_\_\_ (surname) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: (d,d,m,m,y,y,y,y)

Address confirmed (for office use)

Copy of ID attached (for office use)

**PLEASE READ THE DECLARATIONS OVERLEAF BEFORE SIGNING THIS FORM**

## DATA PROTECTION

Information which you provide to Ipswich Building Society or which is obtained by us through our dealings with you may be held on our computers and in other ways and used by us to administer your account, for statistical analysis, for debt collection and fraud prevention and to bring to your attention (by mail, telephone, email or otherwise) products or services of Ipswich Building Society or other selected suppliers which may be of interest to you.

We will not provide your details to third parties for marketing purposes. We may however contact you with details of the **Society's other products or services**, which may be of interest to you. If you **do not** wish to be contacted with this information please tick the appropriate boxes.

By Post  By Telephone  By Email

You can request that the Society does not use your information for marketing purposes by writing to PO Box 547, Ipswich, IP3 9WZ. You may request in writing, upon payment of a fee, a copy of the details held about you by the Society.

## IDENTIFICATION

We have a legal obligation to verify the identity and permanent residential address of all new customers. This is part of the worldwide drive to prevent the use of banking systems by criminals to disguise the proceeds of crime. We ask for your patience while we deal with these formalities. Existing customers may not need to verify their identity. The following identification must be provided.

### Signatories (Account Operators or Trustees)

- Full UK Passport or Current Full UK Photocard Driving licence  
 Proof of Residential Address

### All Accounts

- Copy of minutes of resolution authorising this application or confirmation letter signed by authorised person/s

### Corporate Bodies

- Certificate of Incorporation  List of current Directors and Secretaries (private or unlisted companies)  
 Names of individuals who own or control over 25% of shares or voting rights or confirmation letter signed by authorised person/s

### Unincorporated Bodies/Clubs or Societies

- Constitution and/or copy of Rules

### Partnerships

- Partnership deed  Names of partners  
 Names of individuals who own or control over 25% of capital or profit

### Charities

- Proof of Registered Charity number  Names or classes of Beneficiaries

### Solicitors

Solicitors are obliged to verify the identity of their clients. Identification must be available on request if required.

## DECLARATION

All signatories must sign. We:

- Have received a copy of the **terms and conditions relating to the account**, along with a copy of the **Customer Information Leaflet** and agree to be bound by them.
- Agree that as well as the account conditions, the **Society's Rules** apply to this account and we can obtain a copy of these on request.
- Understand that the Society may rely on our signatures for other purposes connected to the account.
- Understand that this account is a deposit account and does not convey membership or voting rights within the Society.
- Have read the notes regarding the **Data Protection** Legislation detailed above.
- Confirm the information supplied to the Society in connection with the opening of this account **is correct**.
- Confirm that we are happy for the Society to make any enquiries as they consider necessary to confirm our **identity** and address and, if appropriate, the identity and address of all the signatories.

### Signatures

1. _____	Position _____	Date _____
2. _____	Position _____	Date _____
3. _____	Position _____	Date _____
4. _____	Position _____	Date _____

## REQUEST FOR INTEREST WITH NO TAX DEDUCTED

For investments made by or on behalf of a company, club or society, charity, exempt approved retirement benefit scheme, personal pension scheme or unit trust scheme. Please read the notes at the bottom of this form then complete it in block capitals and tick the box which applies. **It is a serious offence to make a false declaration.**

### Declaration and Undertaking

I hereby declare that the above named investor is:

- a company within the meaning of Section 832(1) of the Income and Corporation Taxes Act 1988; this includes a body corporate or unincorporated association (such as club or society) but not a partnership  
 a charity in respect of which exemption is granted under Section 505(1)(c) the Income and Corporation Taxes Act 1988  
 a unit trust scheme within the meaning of Section 75(8) of the Financial Services Act

- an exempt approved retirement benefit scheme within the meaning of Section 592(1) of the Income and Corporation Taxes Act 1988, or a scheme which is before the Board of Inland Revenue in order for them to decide whether it qualifies as an exempt approved scheme  
 a personal pension scheme within the meaning of Section 630 of the Income and Corporation Taxes Act 1988 providing approved personal pension arrangements as defined in that section

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: (title) \_\_\_\_\_ (forename/s) \_\_\_\_\_ (surname) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Capacity in which signed: \_\_\_\_\_

### Notes

This section should be signed as follows:

- **A Company** - By the secretary, treasurer, or other officer authorised to sign by the trustees
- **A Charity** - Where the investor is a charitable trust - by a trustee or by a person authorised to sign by the trustees. Where the investor is a body corporate or an unincorporated association - by the secretary, treasurer or other officer authorised to sign by the directors or by the managing body.
- **An Exempt Approved Retirement Benefit Scheme, or a scheme which has applied for such status** - By a trustee or the administrator, or by a person authorised to sign by the trustees.
- **A Personal Pension Scheme** - By a trustee or the administrator, or by a person authorised to sign by the trustees.
- **A Unit Trust Scheme** - By the manager of the unit trust scheme
- **All Investors** - If the person signing the declaration is acting in a professional capacity, he/she should put his/her firm's address. Otherwise the signatory's principal residential address should be shown, except in the case of a body corporate where the address of the registered office should be shown.

The Society is required each year to supply to HM Revenue & Customs particulars of all interest paid or credited to investors' accounts.

**HEAD OFFICE** - PO Box 547 Ipswich IP3 9WZ Telephone 0845 230 8686 Fax (01473) 278600 Email enquiries@ibs.co.uk Website www.ibs.co.uk