

Non-Personal & Third Party Application form

SECTION 1. All applicants must complete this section

a) Deposit details

Type of account to be opened:

Title of account to be opened (name of organisation):

Amount of opening deposit:

Currency of opening deposit:

Account to be opened by:

- Electronic Transfer:** Please consult the transfer details on page 12
- Cheque attached:** Please make payable to the account holder name or "A&L International re Account Holder's name"
- Internal transfer:** If transferring from an existing Alliance & Leicester International account, please provide the account number to be debited:

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b) Nature of organisation applying for the account:

- Limited Company Partnership/Firm Charity Society/Association Other, please specify below
- Trust/Pension Nominee Clients Club

c) Account details

Please note: The following sections should be completed in full wherever possible. If the question is not related to the type of organisation you represent, indicate Not Applicable (N/A).

Business/organisation/trust/pension name

Trading name, if different

Nature of business/organisation

Status e.g. Public/Private Company, Partnership, Registered charity

If listed company, Exchange on which listed

Company Registration Number/Pension Scheme Tax Ref no.

Place of Registration/Incorporation/Establishment

Date of Registration/Incorporation/Establishment

VAT Registration Number

If charity, Charity Registration number

Correspondence address (must be place of business if different from Registered Office)

Country

Post/Zip code

Telephone

Fax

Email

Website

Length of time at this address

years

months

continued>>

Previous business/organisation address, if less than three years at address given above:

Country Post/Zip code

Registered Office, or main office address, if different from Correspondence address:

Country: Post/Zip code

d) Business activity

Geographical areas of operation of your business:

Business activity:

e) Account activity

Expected annual turnover on the account:

Origin of capital wealth, e.g. trading profits, sale of previous business, sale of shares etc:

Please be as specific as you can about the origin of capital wealth, as we may have to ask further questions if your answer is too vague.

Timescale for origin of wealth: in which of the following time bands was the capital acquired?

<input type="checkbox"/> 0-3 months ago	<input type="checkbox"/> 3 months - 1 year	<input type="checkbox"/> Over lifetime
<input type="checkbox"/> 1-3 years	<input type="checkbox"/> Over 3 years ago	<input type="checkbox"/> Other (please specify) <input type="text"/>

f) Interest instructions

Please refer to the Special Conditions of the account applied for to determine whether a choice of Annual or Monthly Interest is available.

Please note: Monthly interest **must** be paid away to another bank account.

Please pay interest: Monthly Annually

Please provide **one** account number below if you wish the interest to be credited to an account other than the account applied for.

Please credit interest to **Alliance & Leicester International Limited** account number

Please remit interest to the following **UK, Channel Islands or Isle of Man** bank account number

UK Bank Sort code

Account name:

Bank name:

Bank address:

Postcode:

g) Third Party accounts

If you are acting as an intermediary and are sending funds of which your company or partnership is not the beneficial owner (i.e. third party funds), we will require full details of the beneficial owner(s) by completion of the form at section 5 and provision of personal identification documents for each beneficial owner. Please also ensure you complete **section 2b** re beneficial owners.

Please indicate here if you are opening the account with or for Third Party funds: Yes No

h) Main contacts within business (including person completing form)

Name	Position	Telephone Number

End of Section 1 - please continue to Section 2, 3, or 4 as appropriate.

SECTION 2. Company, Nominee & Partnership accounts

a) Names of the Directors/Partners

Please state the names of all of the Directors of the Company/Partners in the Firm and any person in accordance with whose instructions they may act. Please note: these are not necessarily the persons named in the Declaration and Mandate in Section 2d

Full name (including title)				
Tick as many boxes as are appropriate.	<input type="checkbox"/> Director	<input type="checkbox"/> Executive Director	<input type="checkbox"/> Partner	<input type="checkbox"/> Beneficial owner
Full name (including title)				
Tick as many boxes as are appropriate.	<input type="checkbox"/> Director	<input type="checkbox"/> Executive Director	<input type="checkbox"/> Partner	<input type="checkbox"/> Beneficial owner
Full name (including title)				
Tick as many boxes as are appropriate.	<input type="checkbox"/> Director	<input type="checkbox"/> Executive Director	<input type="checkbox"/> Partner	<input type="checkbox"/> Beneficial owner
Full name (including title)				
Tick as many boxes as are appropriate.	<input type="checkbox"/> Director	<input type="checkbox"/> Executive Director	<input type="checkbox"/> Partner	<input type="checkbox"/> Beneficial owner

- Please continue on page 12 if necessary.
- **At least two Directors/Partners must complete the Additional Information section on page 10.**
- **At least two of the individuals listed above, including those completing the Additional Information section, must provide identification in line with the **Guidance Note** - refer to separate sheet provided.**

b) Beneficial Owners

Please indicate who is/are the beneficial owners of the funds deposited:

- | | |
|---|--|
| <input type="checkbox"/> The Shareholders of the Company or Partners in the Firm.
(If ticking this box, please provide a copy of the latest Annual Return showing shareholders or extract from the Partnership Agreement. Please also indicate any significant changes in shareholders since the Annual Return date). | <input type="checkbox"/> Another person or persons, for example if the shares are held in nominee names.
(If ticking this box, please name the beneficial owners below. Continue on page 12 or on a separate sheet if more than four). |
|---|--|

Forename(s)	Surname
Forename(s)	Surname
Forename(s)	Surname
Forename(s)	Surname

All Beneficial owners must complete the Additional Information section on page 10. We also require personal ID in line with the **Guidance Note** - refer to separate sheet provided.

If there are more than four Beneficial Owners, please provide full relevant details for each Beneficial Owner on page 12.

c) Company or Firm

To Alliance & Leicester International Limited

Company or Firm name	('the Company' or 'the Firm')
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We enclose (please tick to show enclosure):

- 1. **Copy certificate of Incorporation and Memorandum and Articles of Association or copy of the Partnership Agreement** for your retention - certified as a true copy by a Director of the Company, the Company Secretary or a Partner in the Firm. This individual must clearly add to the copy their name, address and capacity. **Self certification is not accepted.**
- 2. **List of Directors or Partners and authorised signatories together with specimen signatures.**
- 3. Copy of the last available **Annual Report & Accounts** (if applicable).
- 4. This **mandate** (incorporating the signing authorities below) for operation of the Company's or Partnership's banks accounts, payment instructions and banking services.
- 5. Correct personal identification documentation (refer to **Guidance Note**, see separate sheet provided).

d) Declaration and mandate

We request that you open an account in the name of the Company or Firm given in Section 2c. We confirm that the information provided on this application form is true and correct. We hereby declare that the sum shown in section 1a is being deposited and that the account is being opened by or on behalf of the Company or Firm named.

We confirm that the signature mandate is as follows:

TICK EITHER Any (insert number) of the account signatories, listed below

OR Any authorised combination of persons as set out in the attached certified copy mandate.

We confirm that the signatures in accordance with the above will be sufficient for Alliance & Leicester International Limited to allow withdrawal of all or any money in the account and give good receipt. Alliance & Leicester International Limited may also rely on such signatures for all other purposes connected with the account.

We consent to Alliance & Leicester International Limited taking up such references and making such enquiries as it sees fit before accepting the deposit or any time thereafter. We confirm that third parties have our permission to supply such references and to answer such enquiries.

In respect of companies, third party references will include searches using a Credit Reference Agency. The Credit Reference Agency will record the fact that an enquiry has been made.

Alliance & Leicester International Limited may from time to time keep you informed of special offers, products and services from members of the Santander Group either by letter, telephone or other form of communication.

If you do not wish to receive such information, please tick this box

Please note that statements of account will be sent in all cases to the correspondence address given.

Isle of Man Data Protection Act

Information about living individuals held on computer by us or held in an accessible relevant filing system by us will be used only for purposes notified by us under the Data Protection Act and stated in our General Terms & Conditions. Purposes include: legitimate business interest, making credit decisions and marketing (unless you have opted to prevent us processing your data for direct marketing by ticking the box above). Customers may request in writing a copy of their details held by us on computer for which a fee is payable.

We agree to be bound by the General Terms & Conditions and the Special Conditions applying to the account, which we have received, read and understood.

Signature:

Print name:

Date:

D	D	M	M	Y	Y
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Signature:

Print name:

Date:

D	D	M	M	Y	Y
---	---	---	---	---	---

Signature:

Print name:

Date:

D	D	M	M	Y	Y
---	---	---	---	---	---

Signature:

Print name:

Date:

D	D	M	M	Y	Y
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SECTION 3. Trust/Pension accounts only

a) Account details

Title of trust or pension

Type of Pension (please specify)

SIPP SSAS FURBS Other, please specify below

Type of trust (please specify)

Simple (e.g. bare trust) Non-Simple (e.g. Discretionary or Complex Trust) Will Trust Asset Protection Other, please specify below

Please supply a certified copy of extracts from the Trust Deed showing the purpose of the Trust, and the names of the Settlor, the Protector (if any), the Beneficiaries, and/or any other person who may be considered a Principal or who has the power to appoint or remove the Trustees.

b) Names of Trustees or Fiduciaries or other controlling signatories

Please also state any relationship with the Trust as Settlor or Beneficiary

1. Full name including title:

Please tick (more than one if applicable) if you are a Trustee/Fiduciary, Settlor and/or Beneficiary

Trustee/Fiduciary Settlor Beneficiary
 Protector Other

2. Full name including title:

Please tick (more than one if applicable) if you are a Trustee/Fiduciary/Settlor and/or Beneficiary

Trustee/Fiduciary Settlor Beneficiary
 Protector Other

3. Full name including title:

Please tick (more than one if applicable) if you are a Trustee/Fiduciary/Settlor and/or Beneficiary

Trustee/Fiduciary Settlor Beneficiary
 Protector Other

4. Full name including title:

Please tick (more than one if applicable) if you are a Trustee/Fiduciary/Settlor and/or Beneficiary

Trustee/Fiduciary Settlor Beneficiary
 Protector Other

5. Full name including title:

Please tick (more than one if applicable) if you are a Trustee/Fiduciary/Settlor and/or Beneficiary

Trustee/Fiduciary Settlor Beneficiary
 Protector Other

6. Full name including title:

Please tick (more than one if applicable) if you are a Trustee/Fiduciary/Settlor and/or Beneficiary

Trustee/Fiduciary Settlor Beneficiary
 Protector Other

■ Please continue on page 12 if necessary.

■ All persons listed above must complete the Additional Information section on page 10. We require personal ID in line with the **Guidance Note**, (refer to separate sheet provided), for all Principals. If more than four Principals, a separate **Additional Information Form** is available, otherwise please provide full, relevant details for each Principal on page 12.

Please tick if **Additional Information Form** is used:

■ Is the Beneficiary a company? No

Yes

If yes, you will be required to complete the Company Account Section on page 4 to provide us with all necessary details

d) Declaration and mandate

We confirm that the information provided on this application form is true and correct. We hereby declare that the sum shown in section 1a is being deposited and that the account is being opened by or on behalf of the Trust or Pension Scheme named in Section 3a.

We confirm that the signature mandate is as follows:

TICK EITHER Any (insert number) of the account signatories, listed below

OR Any authorised combination of persons as set out in the attached certified copy mandate.

We confirm that the signatures in accordance with the above will be sufficient for Alliance & Leicester International Limited to allow withdrawal of all or any money in the account and give good receipt. Alliance & Leicester International Limited may also rely on such signatures for all other purposes connected with the account.

We consent to Alliance & Leicester International Limited taking up such references and making such enquiries as it sees fit before accepting the deposit or any time thereafter. We confirm that third parties have our permission to supply such references and to answer such enquiries.

In respect of companies, third party references will include searches using a Credit Reference Agency. The Credit Reference Agency will record the fact that an enquiry has been made.

Alliance & Leicester International Limited may from time to time keep you informed of special offers, products and services from members of the Santander Group either by letter, telephone or other form of communication.

If you do not wish to receive such information, please tick this box

Please note that statements of account will be sent in all cases to the correspondence address given.

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We agree to be bound by the General Terms & Conditions and the Special Conditions applying to the account, which we have received, read and understood.

Signature of duly authorised persons:

Signature:

Print name:

Date:

Signature:

Print name:

Date:

Signature:

Print name:

Date:

Signature:

Print name:

Date:

SECTION 4. Club, Society or Charity account

a) Account authorisation

To Alliance & Leicester International Limited

At a meeting (insert Annual General, Committee etc)

of (Organisation name)

at (Place where meeting took place)

on (Date when meeting took place)

It was resolved that an account(s) in the name of

should be opened/continued with Alliance & Leicester International Limited.

b) Names of persons who control Club, Society or Charity

1. Full name including title:

Position held in organisation:

Are you a Signatory? Yes No

2. Full name including title:

Position held in organisation:

Are you a Signatory? Yes No

3. Full name including title:

Position held in organisation:

Are you a Signatory? Yes No

4. Full name including title:

Position held in organisation:

Are you a Signatory? Yes No

■ Please continue on page 12 if necessary.

■ At least two controlling persons listed above must complete the Additional Information section on page 10.

■ At least two controlling persons listed above must provide identification in line with the **Guidance Note**, (refer to separate sheet provided).

d) Declaration and mandate

We request that you open an account in the name of the organisation given in section 4a. We confirm that the information provided on this application form is true and correct. We hereby declare that the sum shown in section 1a is being deposited and that the account is being opened by or on behalf of the organisation named.

We confirm that the signature mandate is as follows:

TICK EITHER Any (insert number) of the account signatories, listed below

OR Any authorised combination of persons as set out in the attached certified copy mandate.

We confirm that the signatures in accordance with the above will be sufficient for Alliance & Leicester International Limited to allow withdrawal of all or any money in the account and give good receipt. Alliance & Leicester International Limited may also rely on such signatures for all other purposes connected with the account.

We consent to Alliance & Leicester International Limited taking up such references and making such enquiries as it sees fit before accepting the deposit or any time thereafter. We confirm that third parties have our permission to supply such references and to answer such enquiries.

In respect of companies, third party references will include searches using a Credit Reference Agency. The Credit Reference Agency will record the fact that an enquiry has been made.

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We agree to be bound by the General Terms & Conditions and the Special Conditions applying to the account, which we have received, read and understood.

Signature:

Print name:

Date:

Signature:

Print name:

Date:

Signature:

Print name:

Date:

Signature:

Print name:

Date:

SECTION 5. Additional Information for Account Signatories /Controlling Persons & Beneficiaries

To open the account please provide personal information for at least two controlling persons, signatories & beneficiaries.

1						
Position held						
Title eg Dr, Mr						
Surname						
Forename(s)						
Date of birth	D	D	M	M	Y	Y
Place of birth						
Permanent residential address						
Post/Zip code						
Occupation						
Employer*						
Employer's address*						
Post/Zip code						
Country of permanent residence						
Nationality						
Country of residence for tax purposes						

*If not employed by named Company, Organisation or Firm

2						
Position held						
Title eg Dr, Mr						
Surname						
Forename(s)						
Date of birth	D	D	M	M	Y	Y
Place of birth						
Permanent residential address						
Post/Zip code						
Occupation						
Employer*						
Employer's address*						
Post/Zip code						
Country of permanent residence						
Nationality						
Country of residence for tax purposes						

*If not employed by named Company, Organisation or Firm

Declaration

I/We confirm that I/We hold the above stated position and consent to the Alliance & Leicester International Limited taking up such references and making such enquiries as it sees fit before accepting an initial deposit or at any time thereafter. I/We confirm that third parties have my/our permission to supply such references and to answer such enquiries.

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If you do not wish to receive such information, please tick this box

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Signature:						
Print name:						
Date:	D	D	M	M	Y	Y

Signature:						
Print name:						
Date:	D	D	M	M	Y	Y

SECTION 5. Continued - Additional Information for Account Signatories /Controlling Persons

3							
Position held							
Title eg Dr, Mr							
Surname							
Forename(s)							
Date of birth		D	D	M	M	Y	Y
Place of birth							
Permanent residential address							
Post/Zip code							
Occupation							
Employer*							
Employer's address*							
Post/Zip code							
Country of permanent residence							
Nationality							
Country of residence for tax purposes							

*If not employed by named Company, Organisation or Firm

4							
Position held							
Title eg Dr, Mr							
Surname							
Forename(s)							
Date of birth		D	D	M	M	Y	Y
Place of birth							
Permanent residential address							
Post/Zip code							
Occupation							
Employer*							
Employer's address*							
Post/Zip code							
Country of permanent residence							
Nationality							
Country of residence for tax purposes							

*If not employed by named Company, Organisation or Firm

Declaration

I/We confirm that I/We hold the above stated position and consent to the Alliance & Leicester International Limited taking up such references and making such enquiries as it sees fit before accepting an initial deposit or at any time thereafter. I/We confirm that third parties have my/our permission to supply such references and to answer such enquiries.

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If you do not wish to receive such information, please tick this box

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Signature:							
Print name:							
Date:		D	D	M	M	Y	Y

Signature:							
Print name:							
Date:		D	D	M	M	Y	Y

