

Deposit Account Application for Companies and Partnerships

Please complete all parts of this form in black ink and block capitals. Sections marked with an asterisk (*) must be completed in full. Failure to complete the application form in full, in line with our requirements, may result in delays to your application or your application being declined.

If you are an existing Conister Bank customer and your circumstances/details have not changed then you do not need to complete this form. Please complete a separate account application form for any account for which you wish to apply.

| | |
|---|--------------------------|
| Please tick here if you are an existing customer of Conister Bank and your circumstances/details have changed | <input type="checkbox"/> |
| My/Our current Conister Bank account number(s) is/are | <input type="text"/> |
| | <input type="text"/> |
| Tick here if you are a new customer to Conister Bank | <input type="checkbox"/> |

Section 1 – Applicant Profile (See Section 4 for Company & Partnership requirements)

| | | |
|---|--|--------------------------------------|
| *Type of Applicant | Company <input type="checkbox"/> | Partnership <input type="checkbox"/> |
| *Name of Entity (Company or Partnership) | *Date and Country of Incorporation/Registration | |
| Any Trading Names (Company or Partnership) | Date and Country of Registration | |
| * Company Incorporation no. or Partnership Registration no. | | |
| *Status | Limited <input type="checkbox"/> | PLC <input type="checkbox"/> |
| | Partnership <input type="checkbox"/> | Other <input type="checkbox"/> |
| Stock Exchange Listing Details | | |
| *Contact Name/s | Limited by | Shares <input type="text"/> |
| | | Guarantee <input type="text"/> |
| *Telephone | Name of Regulator (if applicable) | |
| Fax | *Nature of Business | |
| Mobile | | |
| Email | | |
| *Registered Office | *Principal Place of Business/Operations (if different) | |
| | | |
| | | |
| | | |
| Post Code | | |
| * Correspondence Address (If different from above) | | |
| | | |
| | | |
| Post Code | | |

Section 2 - Directors, Managers & Authorised Signatories of Companies or Partnerships

This part of the application form is for Company Directors, Partnership Managers and authorised signatories. This section needs to be completed in relation to two* Company Directors (or Partnership Managers) of the applicant. This section needs to be completed in relation to two account signatories (if the above two Directors or Managers are not signatories to the account).* Please note Conister Bank may request details of all Directors or all Managers and signatories on a case by case basis. (See Section 4, Company & Partnership requirements).

| Personal Details | First | Second |
|--|---|---|
| * Title (Mr/Mrs/Miss/other) | | |
| * Surname | | |
| * Forename(s) | | |
| Maiden Name/Alias/Former or other names used (and reason why) | | |
| Capacity | Company Director <input type="checkbox"/> Partnership Manager <input type="checkbox"/> | Company Director <input type="checkbox"/> Partnership Manager <input type="checkbox"/> |
| | Sole Director or Manager <input type="checkbox"/> | Sole Director or Manager <input type="checkbox"/> |
| * Residential address | | |
| | | |
| | | |
| | Post Code | Post Code |
| Correspondence Name and address (You only need to complete this if it is different to your home address) | | |
| | | |
| | | |
| | Post Code | Post Code |
| * Home telephone number (inc STD) | | |
| * Mobile telephone number (inc STD) | | |
| * Work telephone number (inc STD) | | |
| Home fax number (inc STD) | | |
| Business fax number (inc STD) | | |
| Home email address | | |
| Other email address | | |
| * Date of Birth | | |
| * Country of Birth | | |
| * Town/City of Birth | | |
| * Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Marital Status | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> |
| * Occupation (If retired please state previous occupation) | | |

Personal Details

First

Second

| | | |
|---|--|--|
| Name of Employer (If retired please state name of previous employer) | | |
| Date of Appointment | | |
| * Country of residence | | |
| * Nationality | | |
| Details of any Public or High Profile positions which you currently hold. (For example; MP, Senior Judicial Office), Senior Official of an International Organisation) | | |

Personal Details

Third

Fourth

| | | |
|---|---|---|
| * Title (Mr/Mrs/Miss/other) | | |
| * Surname | | |
| * Forename(s) | | |
| Maiden Name/Alias/Former or other names used (and reason why) | | |
| Capacity | Company Director <input type="checkbox"/> Partnership Manager <input type="checkbox"/> Sole Director or Manager <input type="checkbox"/> | Company Director <input type="checkbox"/> Partnership Manager <input type="checkbox"/> Sole Director or Manager <input type="checkbox"/> |
| * Residential address | | |
| | | |
| | | |
| | | |
| | Post Code | Post Code |
| * Correspondence Name and address (You only need to complete this if it is different to your home address) | | |
| | | |
| | | |
| | Post Code | Post Code |
| * Home telephone number (inc STD) | | |
| * Mobile telephone number (inc STD) | | |
| * Work telephone number (inc STD) | | |
| Home fax number (inc STD) | | |
| Business fax number (inc STD) | | |
| Home email address | | |
| Other email address | | |
| * Date of Birth | | |
| * Country of Birth | | |
| * Town/City of Birth | | |
| * Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Marital Status | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> |

| Personal Details | Third | Fourth |
|---|-------|--------|
| * Occupation (If retired please state previous occupation) | | |
| Name of Employer (If retired please state name of previous employer) | | |
| Date of Appointment | | |
| * Country of residence | | |
| * Nationality | | |
| Details of any Public or High Profile positions which you currently hold. (For example; MP, Senior Judicial Officer, Senior Official of an International Organisation) | | |

Section 3 - Beneficial Owners, Principal Shareholders or Partners

This section needs to be completed in relation to principal owners of the applicant. These are the shareholders or partners who control more than 25% of the shares or voting rights. This section needs to be completed in relation to any persons with less than 25% of the shares or voting rights but who nevertheless hold a controlling interest. Please note that if any of the above defined parties are legal bodies, they need to be identified in the same way as the applicant. On a case by case basis, Conister Bank reserves the right to request customer due diligence on all owners. (See Section 4 for Company & Partnership requirements)

| Personal Details | First | Second |
|---|--|--|
| * Title (Mr/Mrs/Miss/other) | | |
| * Surname | | |
| * Forename(s) | | |
| Maiden Name/Alias/Former or other names used (and reason why) | | |
| Capacity | Beneficial Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> | Beneficial Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> |
| | Partner <input type="checkbox"/> | Partner <input type="checkbox"/> |
| * Residential address | | |
| | | |
| | | |
| | | |
| | Post Code | Post Code |
| * Correspondence Name and address (You only need to complete this if it is different to your home address) | | |
| | | |
| | | |
| | Post Code | Post Code |
| * Home telephone number (inc STD) | | |
| * Mobile telephone number (inc STD) | | |
| * Work telephone number (inc STD) | | |
| Home fax number (inc STD) | | |
| Business fax number (inc STD) | | |
| Home email address | | |
| Other email address | | |

| Personal Details | First | Second |
|---|---|---|
| * Date of Birth | | |
| * Country of Birth | | |
| * Town/City of Birth | | |
| * Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Marital Status | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> |
| * Occupation (If retired please state previous occupation) | | |
| Name of Employer (If retired please state name of previous employer) | | |
| Date(s) when stakeholding was acquired | | |
| * Nature & size of beneficial holding | | |
| * Country of residence | | |
| * Nationality | | |
| Details of any Public or High Profile positions which you currently hold. (For example; MP, Senior Judicial Officer, Senior Official of an International Organisation) | | |

| Personal Details | Third | Fourth |
|---|--|--|
| * Title (Mr/Mrs/Miss/other) | | |
| * Surname | | |
| * Forename(s) | | |
| Maiden Name/Alias/Former or other names used (and reason why) | | |
| Capacity | Beneficial Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> | Beneficial Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> |
| * Residential address | | |
| | | |
| | | |
| | | |
| | Post Code | Post Code |
| * Correspondence Name and address (You only need to complete this if it is different to your home address) | | |
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| | | |
| | Post Code | Post Code |
| * Home telephone number (inc STD) | | |
| * Mobile telephone number (inc STD) | | |
| * Work telephone number (inc STD) | | |

| Personal Details | First | Second |
|---|---|---|
| Home fax number (inc STD) | | |
| Business fax number (inc STD) | | |
| Home email address | | |
| Other email address | | |
| * Date of Birth | | |
| * Country of Birth | | |
| * Town/City of Birth | | |
| * Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Marital Status | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> |
| * Occupation (If retired please state previous occupation) | | |
| Name of Employer (If retired please state name of previous employer) | | |
| Date(s) when stakeholding was acquired | | |
| * Nature & size of beneficial holding | | |
| | | |
| * Country of residence | | |
| * Nationality | | |
| Details of any Public or High Profile positions which you currently hold. (For example; MP, Senior Judicial Officer, Senior Official of an International Organisation) | | |

Our other products and services

The Conister Bank group of companies provides a range of financial services including lending, investments and insurance. Using the information we hold about you, we would like to tell you about our other products and services. This could be by email, letter or telephone. If you do not wish us to do this, please indicate below.

I understand that by ticking the box I will not receive information about Conister Bank products and services.

Section 4 - Identity Documentation Requirements

Individuals

Conister Bank has a legal obligation to verify the identity and permanent residential address of both new and existing customers. This process is often referred to as 'Customer Due Diligence'. In compliance with Isle of Man law anybody who wishes to open an account with Conister Bank will be asked to provide proof of their identity and their permanent residential address.

In order for us to verify your identity, you are required to submit one item from List A and one item from List B for each applicant detailed on this form.

List A – Proof of Identity: certified* copy of

- Valid passport – including number, signature and photograph, or
- Your government issued identity card including number, signature and photograph, or
- Valid full driving licence, with photograph and signature

List B – Verification of Permanent Residential Address: (original or certified* copy)

- Utility bill (e.g. electricity, telephone etc.) less than 3 months old (mobile phone bills are not acceptable), or
- An account statement from a recognised bank or credit card company, less than 3 months old (store card statements are not acceptable), or
- Your valid full driving licence, with photograph (provided this is not supplied as your List A item).

Please note that a full driving license may only be used to confirm identity or address but not both. All documents should be the most recent that the applicant has available, should be originals or certified* copies and should be in English. Utility bills should be no more than 3 months old.

Companies and Partnerships

- Proof of Identity and Residential Address for two Company Directors or Partnership Managers or account signatories (where these are different from the Directors/Managers) must be provided. Conister Bank reserves the right to request Proof of Identity and Residential Address for all Company Directors or Partnership Managers or account signatories on a case by case basis.
- Full details must be provided about the Shareholders/Partners owning/ultimately controlling more than 25%.
- An original or certified copy of a Certificate of Incorporation or equivalent document e.g. a partnership agreement must be provided.
- An original or certified copy of the latest [financial] report and accounts should be provided if available (audited, where possible);
- An original or certified copy of the board resolution or power of attorney (or other authority) that provides the individuals representing the corporate applicant [application form signatories and account signatories] with the right to act on the applicant’s behalf, must be provided.
- An original or certified copy of the Memorandum and Articles of Association of the Company should be provided if available.

Please note that we may require additional client due diligence information or documentation for any or all other parties related to the applicant subsequent to the completion of this form (including any associated companies and officers).

Certified Copy Documents

Please do not send us originals of documents in List A above, as we are unable to accept responsibility for their loss. Instead, please provide copies of the original documents which should be certified as detailed below

List A – “I certify that this is a true copy of the original and is a true likeness of the individual”.

List B – “I certify that this is a true copy of the original document presented before me”.

In both cases the certifier (as listed below) must sign and date the copy document (printing their name clearly in capitals underneath) and clearly indicate their position and provide their contact details.

*** Acceptable Certifiers**

The following are classed as Acceptable Certifiers

- A lawyer or notary public.
- An accountant holding a recognised qualification.
- A director, company secretary or manager of a credit or financial institution regulated in an acceptable jurisdiction.
- A member of the judiciary, a senior civil servant, a serving police officer or a customs officer.
- An embassy, consulate or high commission of the country of issue of the documentary evidence of identity.

Please provide contact details for the Professional who has certified your documents

| |
|---|
| Name and Job Title |
| Name of Professional Body or Profession |
| Contact phone no. |
| Address |
| |
| |
| |

Application Checklist

- You have provided separate Personal Details for each applicant on behalf of the legal body (Section 2).
- You have included for each applicant in Section 2, a certified copy of a 'List A' item as proof of identity, and either an original or certified copy of a 'List B' item as proof of permanent residential address. Please refer to the ID requirements in Section 4.
- You have read the declaration and signed and dated the form as required.

Customer Declaration

On behalf of the legal body applicant:

1. I/We certify the accuracy of the statements given and authorise you to make any enquiries which you may consider necessary for the confirmation of these.
2. I/We understand that you may decline this application without being required to state a reason.
3. I/We have ensured that any alterations made to this application by me/us have been duly signed by me/us.
4. I/We confirm receipt of a copy of the Company's General Terms & Conditions (including any Special Terms & Conditions) and have read and agree to be bound by them.
5. In accordance with the Isle of Man Data Protection Act 2002 by signing this form in the space indicated you consent to us using the information provided which may include sensitive personal data for the administration of your account, crime prevention and prosecution of offenders and market research and statistical purposes. The information you have provided may be shared with other companies both inside and outside of Conister Bank Limited group of companies. It may be transferred outside the Isle of Man and we may be obliged to disclose it to our regulators and to others as demanded by law. The Isle of Man Data Protection Act 2002 entitles you, on payment of a small fee to obtain a copy of the information we hold on you. For further information please write to the The Data Protection Officer at the registered office address shown below. For more details about the use of your personal information please refer to the Personal Information and Data Protection section of our General Terms and Conditions.

Signature

First

Second

* Signature

1.

2.

* Date

Signature

Third

Fourth

* Signature

3.

4.

* Date

FOR OFFICE USE ONLY

| | | | |
|----------------------------|----------|------|--|
| Customer Number | | | |
| | Initials | Date | |
| KYC complete | | | |
| Customer / Account Manager | | | |
| Conister Group Code | | | |
| Risk Analysis Completed | | | |
| Risk Category | | | |
| Reference Number | | | |

Conister Bank Limited. Registered in the Isle of Man No. 000738C. Registered Office: Clarendon House, Victoria Street, Douglas, Isle of Man, IM1 2LN. Conister Bank Limited is licensed by the Isle of Man Financial Supervision Commission and is registered with the Isle of Man Insurance and Pensions Authority in respect of general business.

Section 5 - Operation of the account

Any one signatory Any two signatories Other (please specify) All signatories

Signatory/ies

| | |
|------------------------|------------------------|
| Signature 1. | Signature 2. |
| Name | Name |
| Signature 3. | Signature 4. |
| Name | Name |

Declaration

On behalf of the legal body applicant:

We declare that this investment is the applicant's property and that it is not made as nominee for any other party or parties.

We warrant that the information herein is true and complete in every respect and that all material particulars have been disclosed.

We confirm that we have read and agree to be bound by the Bank's Terms and Conditions, and to the particular Terms and Conditions applicable to the type of account held by us.

We authorise the Bank to make any enquiries it deems necessary in connection with this application.

We understand that this deposit is governed exclusively under Isle of Man Law and funds will only be accepted at, and repaid from, the Company's main place of business in Douglas, Isle of Man.

To be signed by

To be signed by at least two Company Directors or Partnership Managers or account signatories (unless the applicant is permitted to have a sole Company Director or Partnership Manager).

Name of Company or Partnership

Signatures

| | |
|-----------------|-----------|
| 1. | 2. |
| Capacity | Capacity |
| 3. | 4. |
| Capacity | Capacity |
| Date of Signing | |

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| | | | |
|---------------|----------|------|--|
| A/c Number | | | |
| | Initials | Date | |
| KYC complete | | | |
| A/c activated | | | |
| | | | |
| | | | |

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Section 6 - Instructions transmitted by telephone, facsimile or email

Applicant Company/Partnership Name

Company Incorporation no. or Partnership Registration no.

We authorise you to act on any instructions, which are received by Conister Bank Limited. ("the Bank") by telephone, facsimile or e-mail transmission claiming to be from us authenticated with the code detailed below.

In consideration of you, your employees, agents or otherwise acting in accordance with such telephone, facsimile or e-mail instructions, we:

1. Agree to indemnify you and keep you indemnified against all actions, proceedings, liabilities, claims, damages, costs, losses or expenses, including interest, in relation to your acting on such telephone, facsimile or e-mail instructions; and irrevocably authorise you to debit our account immediately with all sums paid by the Bank in respect of such telephone, facsimile or e-mail instructions, and to debit our account with all sums of money whatsoever, interest on money, costs, charges and expenses which the Bank may incur as a result of its complying with such telephone, facsimile or e-mail instructions.
2. Agree, on behalf of the applicant, to be jointly and individually liable under this indemnity in respect of any or all accounts to be held by the applicant with Conister Bank.

You shall not treat instructions as having come from us unless they have been authenticated against the code that we have provided you with (as annotated below); and, in the case of faxed instructions, they have been signed according to our bank mandate.

Code*

* The code should be a minimum of 6 characters and a maximum of 8 and should contain at least one numeric character.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

| | |
|-----------|-----------|
| Name | Name |
| Signature | Signature |
| 1. | 2. |
| Date | Date |

| | |
|-----------|-----------|
| Name | Name |
| Signature | Signature |
| 3. | 4. |
| Date | Date |

To be signed in accordance with the Company's current Bank Mandate.

Please return this completed form to:

Conister Bank Limited.

Clarendon House

Victoria Street

Douglas

Isle of Man

IM1 2LN



Generations of trust since 1935

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