

Non Personal Deposit Account Application for Trusts, Charities (Registered and Unregistered), Clubs, Societies, Associations and Organisations with similar effect

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 Trust and Charity requirements)

* Type of Applicant	Trust <input type="checkbox"/>	Registered Charity <input type="checkbox"/>	Unregistered Charity <input type="checkbox"/>	Club, Society or Association <input type="checkbox"/>
	Other Organisation with similar effect <input type="checkbox"/>			

If applying on behalf of a Club, Society or Charity, please provide a copy of the organisation’s constitution or rules (certified as true and up to date).

* Name of Entity	* Date and Country of Establishment
* Official Identification Number (e.g. Tax Identification Number or Registered Charity Number)	* Name(s) of any linked organisations
	Expected annual turnover
* Address of Organisation	Number of officials and full description of activities (if Charity, Club, Society or Association)
Post Code	
* Correspondence Address (If different from above)	* Contact Name/s
	* Telephone
	Fax
	Mobile
Post Code	Email

Section 2 - Trustees, Protectors and Authorised Signatories

This section needs to be completed in relation to **all** Trustees and Protectors of the applicant (or persons of similar function). This section also needs to be completed in relation to at least two account signatories, (if the above Trustees and Protectors are not signatories to the account). Authorised signatories for Clubs, Societies or Associations should include the Chairperson and Treasurer. Please read the Identity Documentation Requirements in Section 4 in respect of known beneficiaries.

Personal Details	First	Second
* Title (Mr/Mrs/Miss/other)		
* Surname		
* Forename(s)		
Maiden Name/Alias/Former or other names used (and reason why)		
Capacity	Chairperson <input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/>	Chairperson <input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/>
	Signatory <input type="checkbox"/> Protector <input type="checkbox"/>	Signatory <input type="checkbox"/> Protector <input type="checkbox"/>
Date of Appointment		
* 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"/> Widow/er <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/>
* Residential Status (Please tick which of the following applies to you)	Home owner <input type="checkbox"/>	Home Owner <input type="checkbox"/>
	Renting <input type="checkbox"/>	Renting <input type="checkbox"/>
	Living with parents <input type="checkbox"/>	Living with parents <input type="checkbox"/>
	Other (Please specify) <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>
* 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	Chairperson <input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/>	Chairperson <input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/>
	Signatory <input type="checkbox"/> Protector <input type="checkbox"/>	Signatory <input type="checkbox"/> Protector <input type="checkbox"/>
Date of Appointment		
* 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"/> Widow/er <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/>
* Residential Status (Please tick which of the following applies to you)	Home owner <input type="checkbox"/>	Home Owner <input type="checkbox"/>
	Renting <input type="checkbox"/>	Renting <input type="checkbox"/>
	Living with parents <input type="checkbox"/>	Living with parents <input type="checkbox"/>
	Other (Please specify) <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>
* 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 - Settlers and Principal Beneficiaries

This section needs to be completed in relation to the Settlor(s) (or persons of similar function). This section needs to be completed in relation to all known beneficiaries. Please read the Identity Documentation Requirements (section 4).

Personal Details	First	Second
* Title (Mr/Mrs/Miss/other)		
* Surname		
* Forename(s)		
Maiden Name/Alias/Former or other names used (and reason why)		
Capacity	Settlor <input type="checkbox"/> Beneficiary <input type="checkbox"/>	Settlor <input type="checkbox"/> Beneficiary <input type="checkbox"/>
Date of Appointment		
* 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"/> Widow/er <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/>
* Residential Status (Please tick which of the following applies to you)	Home owner <input type="checkbox"/>	Home Owner <input type="checkbox"/>
	Renting <input type="checkbox"/>	Renting <input type="checkbox"/>
	Living with parents <input type="checkbox"/>	Living with parents <input type="checkbox"/>
	Other (Please specify) <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>
* 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	Settlor <input type="checkbox"/> Beneficiary <input type="checkbox"/>	Settlor <input type="checkbox"/> Beneficiary <input type="checkbox"/>
Date of Appointment		
* 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"/> Widow/er <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/>
* Residential Status (Please tick which of the following applies to you)	Home owner <input type="checkbox"/>	Home Owner <input type="checkbox"/>
	Renting <input type="checkbox"/>	Renting <input type="checkbox"/>
	Living with parents <input type="checkbox"/>	Living with parents <input type="checkbox"/>
	Other (Please specify) <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>
* 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, investment 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.

For more details about our use of your personal information, please see our current Terms & Conditions - Personal data.

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.

Trusts

- Identification information and documentation for all persons purporting to act on behalf of the trustee(s) in line with the guidance for individuals and legal persons must be provided.
- Identification information and documentation for all Trustees, Protector(s) and Enforcer(s) must be provided.
- Identification information and documentation for any person by whom binding obligations may be imposed on the applicant in line with the guidance for individuals and legal persons must be provided.
- Identification information and documentation for settlor(s) (or other person(s) making the arrangement) in line with the guidance for individuals and legal persons must be provided.
- Identification information and documentation for known beneficiaries in line with the guidance for individuals and legal persons must be provided. Known beneficiaries means those persons or that class of person(s) who can, from the terms of the trust instrument, be identified as having a reasonable expectation to benefit from the trust capital or income must be provided.
- Identification information and documentation for any other beneficiaries and all other persons who are the object of a power that the trustee has identified as presenting a higher risk in line with the guidance for individuals and legal persons must be provided.
- Certified copy extracts from the Trust Deed to evidence the appointment of the Trustees, the nature of the duties of the Trustees and the legal status of the Trust must be provided.

Charities, Clubs, Societies and Associations

A certified copy of the organisations constitution or rules (certified as true and up to date) must be provided.

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

<input type="checkbox"/>	You have provided separate Personal Details for each applicant on behalf of the Trust or similar (Section 2).
<input type="checkbox"/>	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.
<input type="checkbox"/>	You have read and understood the declaration and signed and dated the form as required.

Customer Declaration

On behalf of the 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 understood them and agree to be bound by them.

Signature

First Applicant

Second Applicant

* Signature		
	1.	2.
* Date		

Signature

Third Applicant

Fourth Applicant

* 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: Conister House, Isle of Man Business Park, Cooil Road, Braddan, Isle of Man, IM2 2QZ. Conister Bank Limited is licensed by the Isle of Man Financial Supervision Commission to take deposits and carry on investment business, and is registered with the Isle of Man Insurance and Pensions Authority in respect of general business.

Section 5 - Mandate

Resolution

We certify that at a meeting of the Trustees of

(“the Applicant”)

held at

on the

day of

20

It was resolved that:

An account be opened with Conister Bank Limited (“the Bank”) and that the Bank be, and are hereby, authorised and requested to pay or honour all cheques, drafts or other orders or receipts for money purporting to be drawn or signed on behalf of the Applicant, and to debit the same to such account, whether such account be in credit or otherwise, provided the such cheques, drafts, orders or receipts are signed by

Any one signatory

Any two signatories

Other (please specify)

All signatories

Signatories

Full name

Capacity

Signature

1.

2.

3.

4.

Operation of the account

Any one signatory

Any two signatories

Other (please specify)

All signatories

Signatory/ies

Signature

Signature

1.

2.

Name

Name

Signature

Signature

3.

4.

Name

Name

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Declaration

We declare that this investment is the property of the applicant 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:

- At least two officials for the Charity, Club, Society or Association.
- All Trustees.

Name of Trust, Charity, Club, Society or Association

To be signed on behalf of the applicant

Signed by

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

FOR OFFICE USE ONLY

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

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Section 6 - Instructions transmitted by telephone, facsimile or email

Name of applicant entity

Official Identity Number

On behalf of the applicant:

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.

Note: Payments from Trustee accounts will only be made to the Trustees and not directly to Beneficiaries.

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.

--	--	--	--	--	--	--	--

Signature

1.
Name
Date

Signature

2.
Name
Date

Signature

3.
Name
Date

Signature

4.
Name
Date

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

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Please return this completed form to:

Conister Bank Limited.

Conister House

Isle of Man Business Park

Cooil Road

Braddan

Isle of Man

IM2 2QZ



Conister Bank Limited. Registered in the Isle of Man No. 000738C. Registered Office: Conister House, Isle of Man Business Park, Cooil Road, Braddan, Isle of Man, IM2 2QZ. Conister Bank Limited is licensed by the Isle of Man Financial Supervision Commission to take deposits and carry on investment business, and is registered with the Isle of Man Insurance and Pensions Authority in respect of general business. NPT:11/09