

Deposit Account Application form for Individuals



Conister Bank

For Office Use Only

Date of phone call Time of phone call Staff Member

This is an application form for a Conister Bank savings account. Please note that we only offer our savings accounts to Isle of Man Residents or British Citizens with the exception of residents in the United States of America.

This form must be completed in full by all applicants. Failure to do so, in line with our requirements, may result in delays to your application being processed or your application being declined.

1. Financial Details

Application Type Individual Joint I am already a savings customer with Conister Bank

Our circumstances/details have changed Existing account or customer number

Fixed Term Deposit Products	6 Months	9 Months	1 Year	2 Years	3 Years
Interest Application Frequency					
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Annually	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Interest Application Method (if monthly interest frequency is selected)					
Pay to nominated account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest Application Method (if annual or interest on maturity is selected) please select one option only					
Pay to nominated account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add to balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notice Account Products	95 Days Notice	120 Days Notice	180 Days Notice
Interest Application Frequency			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>*Interest to be compounded semi-annually to the account.</small>			
Authority on Account/s	Both to sign <input type="checkbox"/>	Either to sign <input type="checkbox"/>	
Deposit amount (£)	<input type="text"/>		
Purpose of Savings	<input type="text"/>		Source of Funds <input type="text"/>
Source of Wealth	<input type="text"/>		
<small>Please state the ORIGINAL source of the income and/or wealth that is being used to open the account. For example, an inheritance, the sale of a property or salary. Please be SPECIFIC in all circumstances, for example, for the sale of a property please state the address of the property, the date sold and the value of the sale.</small>			
Your nominated bank account: (where interest/matured funds will be paid back to)			
Name of your bank	<input type="text"/>	Bank sort code	<input type="text"/>
Name on account	<input type="text"/>	Account number	<input type="text"/>
Source of funds: (from where the funds will be sent)			
Name of your bank	<input type="text"/>	Bank sort code	<input type="text"/>
Name on account	<input type="text"/>	Account number	<input type="text"/>

2. Personal Details

First Applicant	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (If other, please specify) <input type="text"/>
Forename	<input type="text"/>
Middle name	<input type="text"/>
Surname	<input type="text"/>
Maiden or other names used <small>(Please state if none)</small>	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of birth	<input type="text"/>
Personal ID Number <small>(Passport/Driving Licence)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	<input type="text"/>
Nationality (ies)	<input type="text"/>
Relationship to second party <small>*If applicable</small>	<input type="text"/>
Home telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Work telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>
Employment status	<input type="text"/>
Occupation	<input type="text"/>
Name of employer	<input type="text"/>
Previous occupation & employer <small>(If Retired)</small>	<input type="text"/>
Are you currently, or have you been previously a Politically Exposed Person? <small>[A politically exposed person (PEP) is an individual who is or has been entrusted with a prominent public position.]</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an immediate family member or close associate who is, or has been a Politically Exposed Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If you have answered yes to either of the questions above please provide details)	<input type="text"/>
Residential address	<input type="text"/>
Country of residence	<input type="text"/>
Residential postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How long have you lived at this address? <input type="text"/>

2. Personal Details

First Applicant

If less than 3 years at residential address please provide your previous address:

Previous address

Postcode

Previous country

Correspondence address (If different from your residential address):

Correspondence name

Correspondence address

Correspondence postcode

Correspondence country

Please confirm reason for use of
correspondence address

2. Personal Details

Second Applicant	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (If other, please specify) <input type="text"/>
Forename	<input type="text"/>
Middle name	<input type="text"/>
Surname	<input type="text"/>
Maiden or other names used <small>(Please state if none)</small>	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of birth	<input type="text"/>
Personal ID Number <small>(Passport/Driving Licence)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	<input type="text"/>
Nationality (ies)	<input type="text"/>
Relationship to second party <small>*If applicable</small>	<input type="text"/>
Home telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Work telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>
Employment status	<input type="text"/>
Occupation	<input type="text"/>
Name of employer	<input type="text"/>
Previous occupation & employer <small>(If Retired)</small>	<input type="text"/>
Are you currently, or have you been previously a Politically Exposed Person? <small>[A politically exposed person (PEP) is an individual who is or has been entrusted with a prominent public position.]</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an immediate family member or close associate who is, or has been a Politically Exposed Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If you have answered yes to either of the questions above please provide details)	<input type="text"/>
Residential address	<input type="text"/>
Country of residence	<input type="text"/>
Residential postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How long have you lived at this address? <input type="text"/>

2. Personal Details

Second Applicant

If less than 3 years at residential address please provide your previous address:

Previous address

Postcode

Previous country

Correspondence address (If different from your residential address):

Correspondence name

Correspondence address

Correspondence postcode

Correspondence country

Please confirm reason for use of
correspondence address

3. Self Certification - Individual

Instructions

We are obliged under the Isle of Man Income Tax Act 1970, Regulations, Guidance Notes made pursuant to that Law and Treaties and Intergovernmental Agreements entered into by the Isle of Man in relation to the automatic exchange of information for tax matters (collectively 'AEOI'), to collect certain information about each account holder's tax status.

Please complete all sections below and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this form shall have the same meaning as applicable under the relevant Isle of Man Regulations, Guidance Notes or Agreements.

If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please refer to the OECDs CRS Commentaries, the OECD AEOI Portal, the Isle of Man's FATCA and/or CRS guidance or contact your tax advisor.

*Please note, joint account holders are each required to complete a separate self certification form.

Declaration of Tax Residence

I hereby confirm that I am, for tax purposes, resident in the following jurisdictions. Please indicate the Tax Identification Number (TIN) for each jurisdiction.

Jurisdiction of Tax Residence

TIN (Tax Identification Number/Reference)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Where a TIN is not available you may provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number).

Jurisdiction of Tax Residence

TIN (Tax Identification Number/Reference)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Where a TIN is not available you may provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number).

If no TIN or functional equivalent is available for any of the jurisdictions listed please advise the reason why (such as the jurisdiction does not issue such numbers).

Further information on the issuance rules for TINs and their format can be found on the OECDs AEOI Portal.

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

Declaration of US Citizenship or US Residence for Tax Purposes

Please tick either (a) or (b) or (c) and complete as appropriate:-

(a) I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number (US TIN) is as follows:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(b) I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

(c) I confirm that I am not a US citizen or resident in the US for tax purposes.

Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Signature

Capacity

(If signing on behalf of another i.e. Accountant, Tax Advisor or Power of Attorney)

Print name

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Self Certification - Individual [for completion by Joint Applicants]

Instructions

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Please complete all sections below and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this form shall have the same meaning as applicable under the relevant Isle of Man Regulations, Guidance Notes or Agreements.

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TIN (Tax Identification Number/Reference)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Jurisdiction of Tax Residence

TIN (Tax Identification Number/Reference)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(a) I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number (US TIN) is as follows:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(b) I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

(c) I confirm that I am not a US citizen or resident in the US for tax purposes.

Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Signature

Capacity

(If signing on behalf of another i.e. Accountant, Tax Advisor or Power of Attorney)

Print name

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Identity Documentation Requirements

What we need from you...

You are required to submit one item from List A and one item from List B for each applicant detailed on this form. A certified translation must be submitted where the document is not provided in English

List A

Proof of Identity: (certified copy)

(Please tick item you have supplied)

1 PASSPORT

Valid UK passport including number, signature and photograph.

2 IDENTITY CARD (ISLE OF MAN RESIDENTS ONLY)

Your government issued identity card including number, signature and photograph.

3 DRIVING LICENCE (ISLE OF MAN RESIDENTS ONLY)*

A valid driving licence, with photograph and signature.
For older licences please provide both card & paper section.

List B

Verification of Permanent Residential Address: (original or certified copy)

(Please tick item you have supplied)

1 UTILITY BILL

Utility bill (e.g. electricity, telephone etc.)
less than 6 months old (mobile phone bills are not acceptable).

2 ACCOUNT STATEMENT

An account statement from a recognised bank or credit card company, less than 6 months old (store card statements are not acceptable).

3 DRIVING LICENCE (ISLE OF MAN RESIDENTS ONLY)*

Your valid driving licence, with photograph and residential address included (provided this is not supplied as your List A item).

*Please note driving licences that do not include address (e.g. new Isle of Man licences) cannot be accepted as address verification.

To certify my identity documents I will:

Bring the originals to Conister Bank's main office for certification by staff

OR, have copies certified by a Suitable Certifier and posted to Conister

Please do not send us originals of documents in List A as we are unable to accept responsibility for their loss. Instead, please provide copies of the original documents which should be certified: *"I certify that this is a true copy of the original document presented before me"*

In both cases an independent suitable 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. The certifier must be independent of the person for whom the account is being opened.

The following are classed as Suitable Certifiers:

- A lawyer or notary public, who is a member of a recognised professional body;
- An accountant who is a member of a recognised professional body;
- A company secretary who is a member of a recognised professional body;
- A director, secretary or board member of a trusted person as defined in the code;
- A member of the judiciary, a senior civil servant, a serving police or customs officer;
- An officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity.

Certifier of Document

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

Name and job title

Name of Professional Body
or Profession

Contact phone number

Address

(Including postcode)

5. Customer Declaration

Signatures

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 Conister Bank's General **Terms & Conditions** (including any Special Terms & Conditions) and have read and agree to be bound by them.
5. I/We confirm that I/we have been given a copy of Conister Bank's Data Protection-Privacy Notice' document to read and take away or I have reviewed the **Privacy Notice** on the Conister Bank website.
6. I/We acknowledge that this application and the applicable interest rate may only be valid for a period of up to 30 calendar days.

First Applicant

Signature	<input type="text"/>
Print name	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Second Applicant

Signature	<input type="text"/>
Print name	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please return this form to:

Conister Bank Limited
Clarendon House
Victoria Street
Douglas
Isle of Man
IM1 2LN

Telephone

+44 [0]1624 694694

Email

info@conisterbank.co.im

conisterbank.co.im

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 Services Authority for its deposit taking activities on the Isle of Man. Conister Bank Limited is authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Conister Bank Limited is a wholly owned subsidiary of Manx Financial Group Plc, a publicly listed company on the London Stock Exchange Alternative Index Market [AIM]. All deposits are subject to status. Terms and conditions apply. No early withdrawals permitted. The latest report and accounts, and the product Terms and Conditions can be found on our website www.conisterbank.co.im. Qualifying deposits made with Conister Bank Limited are covered by the Isle of Man Depositors' Compensation Scheme as set out in the Depositors' Compensation Scheme Regulations 2010.