

# Deposit Account Application for Companies and Partnerships



**Conister Bank**

## For Office Use Only

Date of phone call  Time of phone call  Staff Member

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. Please complete all parts of this form in black ink and block capitals. This is an application form for a Conister Bank Savings Account.

## 1. Financial Details

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
<b>Interest Application Frequency</b>					
Monthly	<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"/>
<b>Interest Application Method (if monthly interest frequency is selected)</b>					
Pay to nominated account	<input type="checkbox"/>				
<b>Interest Application Method (if annual or interest on maturity is selected) please select one option only</b>					
Pay to nominated account	<input type="checkbox"/>				
Add to balance	<input type="checkbox"/>				

Notice Account Products	95 Days Notice	120 Days Notice	180 Days Notice
<b>Interest Application Frequency</b>			
	<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>			
<b>Your nominated bank account: (where interest/matured funds will be paid back to)</b>			
Name of your bank	<input type="text"/>	Bank sort code	<input type="text"/>
Name on account	<input type="text"/>	Account number	<input type="text"/>
<b>Source of funds: (from where the funds will be sent)</b>			
Name of your bank	<input type="text"/>	Bank sort code	<input type="text"/>
Name on account	<input type="text"/>	Account number	<input type="text"/>



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. Please complete all parts of this form in black ink and block capitals.

This is an application form for a Conister Bank Savings Account.

We are already a savings customer with Conister Bank.

Our circumstances/details have changed

Existing account or customer number

<input type="text"/>							
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## 1. Applicant Profile

### Applicant Profile:

Type of Applicant	Company <input type="checkbox"/>	Partnership <input type="checkbox"/>																
Name of Entity	<input type="text"/>																	
Country of incorporation/registration	<input type="text"/>																	
Date of Incorporation	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>		<input type="text"/>															
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Incorporation/registration no.	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </table>		<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"/>											
Any Trading names	<input type="text"/>																	
Status	Limited <input type="checkbox"/>	Partnership <input type="checkbox"/> PLC <input type="checkbox"/> Other (Please specify) <input type="text"/>																
Stock Exchange Listing Details	<input type="text"/>																	
Contact Name/s & Position	<input type="text"/>																	
Telephone number (inc STD)	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>		<input type="text"/>															
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Mobile (inc STD)	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>		<input type="text"/>															
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Email	<input type="text"/>																	
Nature of Business	<input type="text"/>																	
Limited by	Shares <input type="checkbox"/>	Guarantee <input type="checkbox"/>																
Registered Office (Including Postcode)	<input type="text"/>																	
Place of Business (If different)	<input type="text"/>																	
Correspondence Address (If different from above)	<input type="text"/>																	

## 2. Directors, Partners & Authorised Signatories of Companies or Partnerships

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

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	<input type="text"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
Personal ID Number <small>(Passport/Driving Licence)</small>	<input type="text"/>
Gender	<input type="text"/> Nationality (ies) <input type="text"/>
Home telephone <small>(inc STD)</small>	<input type="text"/>
Mobile telephone <small>(inc STD)</small>	<input type="text"/>
Work telephone <small>(inc STD)</small>	<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"/>
Capacity	Company Director <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/>
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 <small>(Including Postcode)</small>	<input type="text"/>
Correspondence address <small>(If different from above)</small>	<input type="text"/>
Country of residence	<input type="text"/>
Date of Appointment	<input type="text"/>

## 2. Directors, Partners & Authorised Signatories of Companies or Partnerships

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

Additional 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	<input type="text"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
Personal ID Number <small>(Passport/Driving Licence)</small>	<input type="text"/>
Gender	<input type="text"/> Nationality (ies) <input type="text"/>
Home telephone <small>(inc STD)</small>	<input type="text"/>
Mobile telephone <small>(inc STD)</small>	<input type="text"/>
Work telephone <small>(inc STD)</small>	<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"/>
Capacity	Company Director <input type="checkbox"/> Partner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/>
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 <small>(Including Postcode)</small>	<input type="text"/>
Correspondence address <small>(If different from above)</small>	<input type="text"/>
Country of residence	<input type="text"/>
Date of Appointment	<input type="text"/>

Please photo copy additional pages if required

### 3. Beneficial Owners and Shareholders

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 also 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)

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"/>
Place of birth	<input type="text"/>
Gender	<input type="text"/> Nationality (ies) <input type="text"/>
Share %	<input type="text"/>
Home telephone <small>(inc STD)</small>	<input type="text"/>
Mobile telephone <small>(inc STD)</small>	<input type="text"/>
Work telephone <small>(inc STD)</small>	<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 <small>(Including Postcode)</small>	<input type="text"/>
Correspondence address <small>(If different from above)</small>	<input type="text"/>
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Additional 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"/>
Place of birth	<input type="text"/>
Gender	<input type="text"/> Nationality (ies) <input type="text"/>
Share %	<input type="text"/>
Home telephone <small>(inc STD)</small>	<input type="text"/>
Mobile telephone <small>(inc STD)</small>	<input type="text"/>
Work telephone <small>(inc STD)</small>	<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 <small>(Including Postcode)</small>	<input type="text"/>
Correspondence address <small>(If different from above)</small>	<input type="text"/>
Country of residence	<input type="text"/>
Date of Appointment	<input type="text"/>

Please photocopy additional pages if required.

## 4. Identity Documentation Requirements

### What we need from you...

In order for us to verify the identity of the legal entity and all persons detailed within this form, please provide us with the corporate verification documents referred to below together with copies of identification and address verification for all of the relevant individuals named in this form.

#### For Companies:

##### Please supply the following:

- Original or certified copy of Certificate of Incorporation
- Original or certified copy of Memorandum and Articles of Association
- Copy of the latest annual report and financial accounts (if available)
- Original or certified copy of Register of Directors & Shareholders
- Group Structure Chart (if applicable)
- Copy of up to date signatory list

#### For Partnerships:

##### Please supply the following:

- An original or certified copy of the Partnership's Agreement Document.
- Copy of up to date signatory list.
- Certificate of Registration
- ID of controlling parties

#### For Individuals:

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.

## 4. Identity Documentation Requirements

### What we need from you...

#### Certified Copy Documents:

##### 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 Bank

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 as detailed below:

*"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 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 (inc STD)

<input type="text"/>																			
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Address  
(Including postcode)

### Tax Reporting

As part of the Isle of Man's adherence to international exchange of tax information requirements (e.g. FATCA/CRS) please complete and submit the 'Self Certification – Entity' form together with this application form.

## 5. Operation of the account

### Operation of the account

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

#### First Signatory

Signature   
Print name   
Date

#### Second Signatory

Signature   
Print name   
Date

#### Third Signatory

Signature   
Print name   
Date

#### Fourth Signatory

Signature   
Print name   
Date

## 6. 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.

Name of Company or Partnership

#### First Applicant

Signature

Print name

Date

#### Second Applicant

Signature

Print name

Date

#### Third Applicant

Signature

Print name

Date

#### Fourth Applicant

Signature

Print name

Date

### 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**

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CB/DEP/APP3/JUN25