



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
Interest Application Frequency					
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"/>
Interest Application Method (if monthly interest frequency is selected)					
Pay to nominated account	<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"/>				
Add to balance	<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 Bank sort code

Name on account Account number

Source of funds: (from where the funds will be sent)

Name of your bank Bank sort code

Name on account Account number

2. Trustees, Protectors and Authorised Signatories

Authorised signatories for Clubs, Societies or Associations should include the Chairperson and Treasurer.

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	Authorised signatory <input type="checkbox"/> Chairperson <input type="checkbox"/> Treasurer <input type="checkbox"/> Protector <input type="checkbox"/> Trustee <input type="checkbox"/> Other <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. Trustees, Protectors and Authorised Signatories

Authorised signatories for Clubs, Societies or Associations should include the Chairperson and Treasurer.

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	Authorised signatory <input type="checkbox"/> Chairperson <input type="checkbox"/> Treasurer <input type="checkbox"/> Protector <input type="checkbox"/> Trustee <input type="checkbox"/> Other <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"/>

3. Settlers and Principal Beneficiaries

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"/>
Country of residence	<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	Settlor <input type="checkbox"/> Beneficiary <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"/>

3. Settlers and Principal Beneficiaries

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"/>
Country of residence	<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	Settlor <input type="checkbox"/> Beneficiary <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"/>

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 Trusts:

Please supply the following:

- Certified copy extract from the Trust Deed to evidence formation of the arrangement and provide confirmation of the relevant parties (i.e. Settlor, Protector, Trustees and any Beneficiaries).
- Copy of up to date signatory list

For Charities, Clubs, Societies and Associations:

Please supply the following:

- Certified copy of the organisation's constitution or rules which identifies the relevant parties.
- Copy of up to date signatory list

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

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)

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

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. Account Mandate

Resolution

["The Applicant Trust"]

We certify that at a meeting of the Trustees of

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 Trust, 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 All signatories Other (please specify)

Signatories

First Signatory

Signature

Print name

Capacity

Date

Second Signatory

Signature

Print name

Capacity

Date

Third Signatory

Signature

Print name

Capacity

Date

Fourth Signatory

Signature

Print name

Capacity

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 Trust/Charity/Club/Society/Organisation

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

Conister Bank Limited. Licenced by the Isle of Man Financial Services Authority for its deposit taking activities. Registered in the Isle of Man No. 000738C. Registered Office: Clarendon House, Victoria Street, Douglas, Isle of Man, IM1 2LN. 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.

CB/DEP/APP2/JUN25