

Registering for Telephone Banking

Please read the following guidance note before completing this form

IMPORTANT INFORMATION

Please complete all sections of this form in BLOCK CAPITALS and BLACK INK.

Please complete all sections of the form in full, as we cannot process your form without this information. Any missing or incomplete details will result in your application being delayed.

Please list separately each account for which Telephone Banking is required. This form can only be used for accounts where all signatories are the same. If you have accounts with different signatories, please fill in a different form for each account.

Should you have any queries or need help to complete this application please call us on 0345 140 1000

www.unity.co.uk

Full Name of Your Organisation



Please complete all sections of this form in BLOCK CAPITALS and BLACK INK.

Please quote your full Unity	y Trust Bank account name	and number(s):	

Account Number			Ι	Ι		Ac	col	unt	Nur	nbe	er [
Account Number		Ι				Ac	coı	unt	Nur	nbe	er [
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Authorised User Details

Enter the name(s) of the individuals who are authorised to use Unity Trust Bank's Telephone Banking service.

Full	l Name
1.	
2.	
3.	
4.	
5.	
6.	

Authorised Signatories

I/We agree to the use of the telephone banking service for the purpose of authorising transfers between our organisation's accounts and to receive balance and other general account information.

The individual(s) listed above shall be our "authorised users" for the telephone banking service, or such other individual(s) as may be advised to the Bank in writing from time to time by individuals authorised to instruct the Bank under our general mandate.

I/We have read and accepted the Bank's terms and conditions, and the details and specimen signatures of the individuals listed below and shown on the enclosed form(s) are correct and certify that these resolutions have been recorded in the minutes.

In all other respects, our mandate with the bank will continue unaffected.

Title	Forename	Signature
Surname		
	Date D M M Y Y Y Y	
Title	Forename	Signature
Surname		
	Date D M M Y Y Y Y	
Title	Forename	Signature
Surname		
	Date D D M M Y Y Y Y	



Middle Initials

Date of Birth

Please list details and the private address of all officials who will be authorised Telephone Banking users.

Fraud Prevention

Title

Surname Position

Credit Reference: To assist in identifying you in order to prevent fraud, we may use information from the Electoral Register and we may make searches at fraud prevention agencies. The agencies used will record details of the search type and keep these details on their records for twelve months, whether or not this application is accepted. Any of this information may be used for identification purposes, and the prevention of money laundering as well as the management of your account.

Confirming Identity: In common with other financial institutions, Unity Trust is required to follow detailed procedures to check the identity of all signatories held with the Bank. We may ask for further information over and above that on this application form. For each signatory who has not lived at their current address for more than six months we will require proof of identity and proof of address documentation (please refer to the 'Proving Your Identity' leaflet for further information). If our requirements are not satisfied and funds are lodged we may suspend operation of the account until we are able to establish identity in line with these requirements.

Nationality

By completing this form you are deemed to have read the information on fraud prevention and agree to the searches.

1. Authorised Telephone Banking User Det
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3. Authorised Telephone Banking User Details

Title	Forename					Middle Initia	Is	
Surname					Date of Birth	D D M	MY	Y Y Y
Position				Nationality				
Address								
Postcode		Email						
Daytime Telephone N	lumber			When did you	move to your o	current addres	s? M	M Y Y
Previous Address								
(If you have moved								
(If you have moved in last 3 years)								
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4. Authorised Telephone Banking User Details

Title	Foren	ame												Mid	dle	Initia	ıls				
Surname											Dat	e of	Birth	D	D	M	M	Υ	Υ	Υ	Υ
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Address																					
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Title	Forename Forename	Middle Initials
Surname	Date of B	irth D D M M Y Y Y Y
Position	Nationality Nationality	
Address		
Postcode	Email	
Daytime Telephone N	lumber When did you move to you	our current address?
Previous Address		
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6. Authorised Telephone Banking User Details

Title	Forename					Middle Initia	ls	
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Position				Nationality				
Address								
Postcode		Email						
Daytime Telephone N	Number			When did you	u move to your o	urrent addres	s? M	M Y Y
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DATA PROTECTION AND MARKETING

The information on this form may be used for statistical analysis or for marketing purposes such as identifying other products and services which may be of interest to your Organisation. These products and services may be offered by letter, telephone, email or other reasonable means of communication by the Bank, to the correspondence address for your Organisation. Personal contact information will not be used for marketing purposes unless it is entered into the main contact section for your account(s). If your Organisation does not want to receive marketing information please tick this box

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Please send the completed application form and all accompanying documents to: Unity Trust Bank plc, PO Box 7193, Planetary Rd, Willenhall, WV1 9DG.