

# Account Opening Application Form

Current/Deposit

## Guidance Note

**Please read this guidance note before completing the form so we can process your application as quickly as possible. You must read our terms and conditions before submitting this application form as they will apply once your account is opened.**

### Important information

- **We will only start to process your account application once we have received this completed application form and you have enclosed all the relevant supporting documentation (see page 4). We need to carry out certain checks and procedures, and completing an application form does not automatically mean we will be able to provide you with an account.**
- For ease we have created this form as an amendable PDF which means you can fill it in on your computer, apart from any instance where we request your signature. **You must print and sign the form before you send it back to us.**
- If you prefer to fill this form in manually, please complete in **BLOCK CAPITALS** and **BLACK INK**.
- All signatories and key account parties must be UK resident and the minimum age is 18 years.
- All relevant sections of the form must be completed in full.
- Any missing or incomplete details will result in your application being delayed.
- We are required by law to check the identity of all signatories and key account parties to the account. To help us verify your identity and address we may make an electronic search, using information you have supplied on this form. In some instances we may need to ask you to send in further information or documents. Please read our information leaflet on proving your identity, this is available to download at [www.unity.co.uk/identity](http://www.unity.co.uk/identity)
- If any of the signatories or key account parties to the account are American nationality, we will require additional details over and above what we ask for in our information leaflet on proving your identity as referred to above. If you would like further information on this please call us on 0345 155 3355, otherwise we will contact you when we receive your application form.
- If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. Further details explaining how the information held by fraud prevention agencies may be used can be found at [www.unity.co.uk/security](http://www.unity.co.uk/security)
- If you request any other services within this form, i.e. internet or telephone banking or the ALTO Prepaid MasterCard®, these will only be set up once your account is activated.
- Once we have processed your application we will write to you to activate your account.

**The following points direct you to the sections of the form you must complete. Some sections may not apply.**

- **Sections 1, 2, 3, 5, 6 and 8** must be completed by ALL organisations.
- **Section 4** only needs to be completed if you require internet banking. We strongly recommend that you choose either dual or triple authority to enhance your security online and to protect your organisation from fraud.
- **Section 7** must be completed by ALL key account parties who are not signatories to the account. You do not need to complete this section if all the key account parties are signatories to the account and have completed Section 5.
- **Section 9** only needs to be completed if you would like us to arrange the transfer of your existing bank account(s) to Unity Trust Bank.

**Please send your completed form, ensuring all relevant sections are signed where signatures are requested, to: Unity Trust Bank, Nine Brindleyplace, Birmingham B1 2HB**

### Useful information

#### Select Account

- If you are applying for the Select Account in Section 3 you will need to enclose a cheque of **£10** to cover the fee for the first two months, payable to the name of the organisation that you are opening the account for.

#### ALTO Prepaid MasterCard®

- If you are applying for the ALTO Prepaid MasterCard® in Section 5 you will need to enclose a cheque of (at least) **the minimum load of £6** to cover the cost of the card, payable to the name of the organisation that you are opening the account for. You will receive your card when the account is activated.

#### Stationery

- If you request stationery within Section 3, your cheque book and paying-in book will be sent to you separately and you should receive these within seven working days after your account has been activated.

#### Additional services

- Customer forms for all our services are available to download at [www.unity.co.uk/forms](http://www.unity.co.uk/forms)

#### Key account parties

- **What are key account parties?**
  - Any individuals who own (in their own name or via another person) 25% or more of the organisation/partnership/company.
  - Any individuals with responsibility for the organisation/partnership/company e.g. Trustees/Directors/Partners.
- **Why do we ask for the details of key account parties?**
  - In line with Money Laundering Regulations, we are required by law to follow detailed procedures to validate the identity of all key account parties as well as signatories. These checks also protect you from criminals who might try to use your identity without you knowing.
  - We require the details of any key account parties who are not signatories to the account and their details are not already completed in Section 5 of this form.

If you believe there may be other key account parties to the organisation or the account that are not described above, please call us on 0345 155 3355.

**For more information, or if you need help to complete this form,  
please call us on 0345 155 3355.**

# Your Supporting Documentation

**All organisations must complete this section.**

**We cannot open your account until we have all the specific information which is applicable to your organisation's legal status, and a completed application form.**

Please use this section to make sure that you provide us with all the supporting documentation that we need.

Please do not send us any original documentation, as the Bank will not be liable for any documentation lost in transit.

## For Start Up organisations

**Please tick and provide a copy of your governing documents as applicable to the legal status of your organisation. The copy must be signed and dated by at least two authorised people, i.e. Chair/Treasurer/Secretary/Director.**

**The first two documents listed are mandatory and we require them to process your application.**

- A Business Plan (if you do not have a Business Plan, or if the Business Plan does not contain any financials please provide a 12 month financial forecast of your income and expenditure)
- If you have submitted any applications for grant funding, please provide these
- Constitution
- Industrial and Provident Society Certificate
- Memorandum and Articles of Association
- Rules/Rulebook
- Trust Deed

## For Established organisations

**Please tick and provide a copy of your governing documents as applicable to the legal status of your organisation. The copy must be signed and dated by at least two authorised people, i.e. Chair/Treasurer/Secretary/Director.**

**The first two documents listed are mandatory and we require them to process your application.**

- A copy of the latest annual accounts (if your organisation has existed for 18 months or more)
- Copies of your last three months bank statements
- Constitution
- Industrial and Provident Society Certificate
- Memorandum and Articles of Association
- Rules/Rulebook
- Trust Deed

## For Local Councils (Community, Town and Parish)

- A copy of the minutes outlining your decision to bank with Unity Trust Bank

# Section 1 - Your Organisation

All organisations must complete this section.

Please complete this form in **BLOCK CAPITALS** and **BLACK INK**.

Organisation Name

## Key Contact

Title  Forename  Middle Initials

Surname

Operational Address of the organisation

Postcode

Nationality  Date of Birth

Telephone Number  Mobile Number

Email Address

Website

If your registered address is different from your operational address above, please complete this section.

Registered Address

Postcode

## Your Legal Status (Listed in alphabetical order)

Please tick and complete **all boxes** that are relevant to your organisation

- |   |                |  |
|---|----------------|--|
| <input type="checkbox"/> Charitable Incorporated Organisation (CIO)           | Registered no. | <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="checkbox"/> Community Amateur Sports Club (CASC)                 | Registered no. | <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="checkbox"/> Community Interest Company (CIC)                     | Registered no. | <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="checkbox"/> Company limited by guarantee                         | Registered no. | <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="checkbox"/> Company limited by shares                            | Registered no. | <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="checkbox"/> Credit Union   | Registered no. | <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="checkbox"/> Industrial and Provident Society                     | Registered no. | <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="checkbox"/> Limited Liability Partnership (LLP)                  | Registered no. | <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="checkbox"/> Local Council (Community, Town and Parish)           |                |  |
| <input type="checkbox"/> Political Party                                      |                |  |
| <input type="checkbox"/> Scottish Charitable Incorporated Organisation (SCIO) | Registered no. | <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="checkbox"/> Trust  |                |  |
| <input type="checkbox"/> Unincorporated Organisation                          |                |  |

If your organisation is also a Registered Charity please provide your Charity number

If your organisation is registered with the FCA please provide your FCA number (e.g. a friendly society)

Would you describe your organisation as a Social Enterprise?  Yes  No

## Section 2 - About Your Organisation

All organisations must complete this section.

When was your organisation established?

M	M	Y	Y	Y	Y
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When did your organisation commence operating? (If different to above)

M	M	Y	Y	Y	Y
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Does your organisation have the powers to borrow?  Yes  No

We need to understand exactly what your organisation was set up to do and what its main activities are. To do this, can you please explain in some detail your regular activities, type of events/support that you provide etc. Please provide as much detail as possible (minimum of 30 words).

### Income

Please provide your income forecast for the next 12 months: **Income £**

Please complete the following boxes as applicable, and if you need to provide more information about your income/funding, please reprint this page. Please note that any missing information will delay your application.

Source	Name of source (i.e. name of funder/provider/donor/product or service provided)	Type (i.e. electronic payment, cheque, cash*, foreign payment)	Total amount per annum (£)
Grants	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	£ <div style="border: 1px solid black; width: 80px; height: 30px;"></div>
Contracts/SLAs	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	£ <div style="border: 1px solid black; width: 80px; height: 30px;"></div>
Sales/services	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	£ <div style="border: 1px solid black; width: 80px; height: 30px;"></div>
Donations/membership fees	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	£ <div style="border: 1px solid black; width: 80px; height: 30px;"></div>
Precept (Councils only)	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	£ <div style="border: 1px solid black; width: 80px; height: 30px;"></div>
Other (e.g. fundraising/events)	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>	£ <div style="border: 1px solid black; width: 80px; height: 30px;"></div>
For all Local / Parish Councils only - please enter your annual budget			£ <div style="border: 1px solid black; width: 80px; height: 30px;"></div>

Any deposits you hold with Unity Trust Bank may be protected up to the compensation limit by the Financial Services Compensation Scheme (FSCS). Please refer to our **FSCS information sheet**, it is important you read this information before opening an account with Unity Trust Bank.

We/I can confirm an individual with responsibility for the organisation (e.g. Trustees/Directors/Partners) has read and understood the **FSCS Information Sheet**

#### For Bank Use Only

SIC Code 

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Business Type

RM 

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## Section 2 - About Your Organisation (continued)

### Expenditure

Please provide your expenditure forecast for the next 12 months: Expenditure £

Please complete the following boxes as applicable, if you need to provide more information about your expenditure, please reprint this page. Where applicable, you do not need to list the individual payees under 'Name of recipient', we only need to know the total number of recipients, e.g. five members of staff. Please note that any missing information will delay your application.

Cost	Name of recipient (i.e. who/where is the money going to)	Type (i.e. electronic payment, cheque, cash*, foreign payment)	Total amount per annum (£)
Salaries	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Suppliers	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Expenses	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Utilities/rent	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Other (e.g. grants/ donations/fees)	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

### Foreign Payments/Receipts

Please list here the countries that you make payments to/receive payments from.  
**(Please note that this is a chargeable service. For all our charges for additional services, please refer to our 'Service Tariffs' leaflet on our website at [www.unity.co.uk/charges](http://www.unity.co.uk/charges)).**

### Existing Bank Account

If your organisation has a bank account(s) with another bank or building society elsewhere, please tell us here:

Please provide the name of your current banker(s).

Bank/Building Society Name

Bank/Building Society Name

**If you are transferring your account from another bank please complete Section 9 of this form 'Account Transfer Request' and we will arrange the transfer and/or closure of your existing bank account(s) to Unity Trust Bank.**

\*We offer the ALTO Prepaid MasterCard® which is ideal as a replacement for petty cash; it can be used online, in retail outlets or at an ATM. Please complete within Section 5 of this application form if you wish to apply for the ALTO Prepaid MasterCard® for your organisation, for more details please visit [www.altocard.co.uk](http://www.altocard.co.uk).

## Section 3 - Your Banking Requirements

All organisations must complete this section.

### Type of Account(s)

For further details of our Current and Deposit Accounts, please refer to our 'Account Features and Benefits' leaflet, or for more information on all our rates, please visit [www.unity.co.uk/rates](http://www.unity.co.uk/rates).

#### Current Account

Please tick the account(s) you require:

- Small Organisation Custom Account (<£50k income)     Select Account\* (<£500k income)  
 Custom Account\*\* (>£500k income)     Tailored Current Account (Local Councils only)\*\*

\* The Select Account is subject to a monthly fee of £5 - if you are applying for this account please enclose a cheque of £10 to cover the first two months, payable to the name of the organisation that you are opening the account for. An access card is provided free. Replacement cards are subject to a charge of £5.  
\*\*The Custom Account and Tailored Current Account are both subject to negotiable fees based upon activity levels. Your Relationship Manager will be pleased to discuss your individual requirements.

#### Deposit Account

Please tick the account you require:

- Tailored Deposit Account     Credit Union Development Fund Account (Credit Unions Only)

If you are opening more than one account, please tell us the name of the account(s) and if you are providing a cheque for the initial deposit, please let us know for which account:

Current Account Name	<input type="text"/>	£	<input type="text"/>
Current Account Name	<input type="text"/>	£	<input type="text"/>
Deposit Account Name	<input type="text"/>	£	<input type="text"/>
Deposit Account Name	<input type="text"/>	£	<input type="text"/>

Please note that separate charges apply for additional services. For further details please refer to our 'Service Tariffs' leaflet on our website at [www.unity.co.uk/charges](http://www.unity.co.uk/charges).

### Operating Your Account

- Do you require a cheque book?     Yes     No  
Do you require a paying-in book?     Yes     No

If you require a facility to deposit or withdraw funds at another bank, please call 0345 155 3355 to discuss the best option for your organisation.

### Statements

We will email electronic statements to your Key Contact as detailed in Section 1.

How frequently would you like your bank statement?     Monthly     Quarterly     Half Yearly     Annually

Please state your preferred date of the month         Please tick if you would prefer to receive paper statements   

### Communication

#### 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 mail (including electronic mail) or phone according to your preference, using the correspondence details 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 is happy to receive marketing information please indicate how you would like to receive this information.     Mail     Phone

#### How did you hear about Unity Trust Bank?

- Advert     Internet Search     Existing Customer     Head Office Agreement     Unity Trust Website  
 Mailing     Press Article     Recommendation     Relationship Manager     Social Media  
 Conference - please tell us which conference?



## Section 4 - Internet Banking Service for your Organisation

Please only complete this section if you require internet banking for your organisation.

If you require further information on this service, please refer to our 'Internet Banking Service' leaflet on our website at [www.unity.co.uk/internet-banking](http://www.unity.co.uk/internet-banking)

When selecting your approval level we strongly recommend that you chose either dual or triple authority to enhance your online security and to protect your organisation from fraud.

You must complete your 'Authority Levels' below. The other features of internet banking on page 10, 'Payment Limits' and 'Internet Banking Administrator(s)', are recommended additions but these are optional. Please note that if you require internet banking for your organisation, you must also enter your internet banking details in Section 5 of this form, i.e. a memorable name and the authority level required for each user.

You must read our terms and conditions carefully. We will process any payment which has been made with the relevant authority. You are responsible for the actions of your staff or authorised users, and the security of passwords and user information.

### Authority Levels

Choose your preferred authority level to best meet your organisation's needs. We recommend either dual or triple authority to keep you safer online.

Please tick the authority level you require for internal and external payments.

#### Internal Payments

These payments are transfers made between linked accounts held by Unity Trust Bank, which you have access to.

#### External Payments

These payments are Bill Payments or Standing Orders.

**INTERNAL** **EXTERNAL**

Single	Payments are made by one user	<input type="checkbox"/>	<input type="checkbox"/>
Dual	Payments are made by two users, where one user submits the payment and the other user authorises the payment	<input type="checkbox"/>	<input type="checkbox"/>
Triple	Payments are made by three users, where one user submits the payment and two other users authorise the payment	<input type="checkbox"/>	<input type="checkbox"/>

**Note: It is not recommended that you use this service for salary or high volume payments.**

### Access Levels

The following access levels will help you manage the users on your account. You will be able to select the access level for each individual user in Section 5.

<b>V</b>	<b>View only</b> allows the user to view the account(s) only
<b>VS</b>	<b>View and Submit</b> as well as having the same rights as a V user, this level allows the user to submit payments but they cannot authorise payments
<b>VA</b>	<b>View and Authorise</b> as well as having the same rights as a V user, this level allows the user to authorise payments but they cannot submit payments
<b>VSA</b>	<b>View, Submit and Authorise</b> as well as having the same rights as a V user, this level allows the user to submit and authorise payments
<b>A</b>	<b>Authorise only</b> allows the user to authorise payments only, they do not have access to view the account(s)

## Section 4 - Internet Banking Service for your Organisation (continued)

### Payment Limits

Our Internet Banking service also offers you flexible payment limits that can mirror your cheque signing mandate. You can specify the number of users and/or name of users that are required, according to the value of the payment.

**Only complete the following section if you require specific payment limits in addition to your authority levels as selected on page 9.**

#### Specify number of users:

Please complete this part if you would like to specify the number of users that need to be involved per transaction over a specific amount. The maximum number of users is three.

Payments more than £

Number of users

Payment Limits to be applied to Internal Payments (please tick)

Payment Limits to be applied to External Payments (please tick)

#### Specify name of users:

Please complete this part if you would like to specify the name(s) of users that need to be involved per transaction over a specific amount. The maximum number of named users is two.

Payments more than £

Require authorisation by:

a) named user

b) **or**, either named user  or

c) **or**, both named users  and

Payment Limits to be applied to Internal Payments (please tick)

Payment Limits to be applied to External Payments (please tick)

### Internet Banking Administrator(s)

Internet Banking Payment Limits allows an Administrator to control the amount your organisation and/or individual users can pay per transaction/per day. This does not apply to users with View only (V) access level.

In order to use this service, the Administrator(s) will have access to an additional menu option within their internet banking called 'Change Payment Limits'.

To take advantage of this service, please state the name of the user(s) you wish to make the Administrator(s).

Note: The Administrator(s) must still complete their internet banking details in the required fields within Section 5.

Administrator(s):

# Section 5 - Your Account Signatories and other authorised account users

All organisations must complete this section.

Other authorised account users means people who are internet/telephone banking or ALTO Prepaid MasterCard® users.

This section allows you to specify who can authorise payments, make changes to your account details and obtain information about your account.

We are required by law to check the identity of customers opening an account. To help us verify your identity and address we may make an electronic search, using information you have supplied on this form. In some instances we may need to ask you to send in further information or documents. Please read our information leaflet on proving your identity, this is available at [www.unity.co.uk/identity](http://www.unity.co.uk/identity)

**Note: All signatories or other authorised account users must be UK resident and the minimum age is 18 years. If there are more than five signatories or authorised account users please reprint this page.**

## Signatory/Authorised Account User 1

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>			Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	Nationality	<input type="text"/>				
Address	<input type="text"/>						
	<input type="text"/>						
Postcode	<input type="text"/>	When did you move to your current address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	Mobile Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address (If you have moved in last 3 years)	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Please tick where applicable the following:

- Are you an account signatory?  Yes  No **If you answered Yes to 'account signatory' you must complete Section 6.**
- Do you require telephone banking access?  Yes  No **Signatories are automatically registered for telephone banking.**
- Do you require internet banking access?  Yes  No

**If you answered Yes to 'internet banking' please enter a memorable name which will be used for identity purposes when registering your security login details, and the access level required.**

Memorable Name  **This needs to be a minimum of 3 characters.**

Please tick the access level required  V  VS  VA  VSA  A **You will find all the definitions on page 9.**

Do you require an ALTO Prepaid MasterCard®?  Yes  No Please refer to the ALTO Prepaid MasterCard® terms and conditions or visit [www.unity.co.uk/alto-terms](http://www.unity.co.uk/alto-terms)

Do you require web access for your ALTO Prepaid MasterCard®?  Yes  No

If you answered Yes to 'web access' please provide an email address

Please provide the amount of the initial load which must be a minimum of £6 Amount £  Please enclose a cheque payable to the name of the organisation that you are opening the account for so that we can process this request.

### Please sign here to confirm all the above information is correct.

Signature



Date

## Section 5 - Your Account Signatories and other authorised account users (continued)

**Other authorised account users means people who are internet/telephone banking or ALTO Prepaid Mastercard® users.**

This section allows you to specify who can authorise payments, make changes to your account details and obtain information about your account.

We are required by law to check the identity of customers opening an account. To help us verify your identity and address we may make an electronic search, using information you have supplied on this form. In some instances we may need to ask you to send in further information or documents. Please read our information leaflet on proving your identity, this is available at [www.unity.co.uk/identity](http://www.unity.co.uk/identity)

**Note: All signatories or other authorised account users must be UK resident and the minimum age is 18 years. If there are more than five signatories or authorised account users please reprint this page.**

### Signatory/Authorised Account User 2

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Surname	<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"/>	
Position	<input type="text"/>	Nationality	<input type="text"/>									
Address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	When did you move to your current address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	<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 Number	<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"/>
Previous Address (If you have moved in last 3 years)	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Please tick where applicable the following:

- Are you an account signatory?  Yes  No **If you answered Yes to 'account signatory' you must complete Section 6.**
- Do you require telephone banking access?  Yes  No **Signatories are automatically registered for telephone banking.**
- Do you require internet banking access?  Yes  No

**If you answered Yes to 'internet banking' please enter a memorable name which will be used for identity purposes when registering your security login details, and the access level required.**

Memorable Name  **This needs to be a minimum of 3 characters.**

Please tick the access level required  V  VS  VA  VSA  A **You will find all the definitions on page 9.**

- Do you require an ALTO Prepaid MasterCard®?  Yes  No Please refer to the ALTO Prepaid MasterCard® terms and conditions or visit [www.unity.co.uk/alto-terms](http://www.unity.co.uk/alto-terms)
- Do you require web access for your ALTO Prepaid MasterCard®?  Yes  No

If you answered Yes to 'web access' please provide an email address

Please provide the amount of the initial load which must be a minimum of £6 Amount £  Please enclose a cheque payable to the name of the organisation that you are opening the account for so that we can process this request.

#### Please sign here to confirm all the above information is correct.

Signature



Date   |  |  |  |  |  |  |

## Section 5 - Your Account Signatories and other authorised account users (continued)

**Other authorised account users means people who are internet/telephone banking or ALTO Prepaid Mastercard® users.**

This section allows you to specify who can authorise payments, make changes to your account details and obtain information about your account.

We are required by law to check the identity of customers opening an account. To help us verify your identity and address we may make an electronic search, using information you have supplied on this form. In some instances we may need to ask you to send in further information or documents. Please read our information leaflet on proving your identity, this is available at [www.unity.co.uk/identity](http://www.unity.co.uk/identity)

**Note: All signatories or other authorised account users must be UK resident and the minimum age is 18 years. If there are more than five signatories or authorised account users please reprint this page.**

### Signatory/Authorised Account User 3

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Surname	<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"/>
Position	<input type="text"/>	Nationality	<input type="text"/>		
Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	When did you move to your current address?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Telephone Number	<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 Number	<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"/>
Previous Address (If you have moved in last 3 years)	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**Please tick where applicable the following:**

- Are you an account signatory?  Yes  No **If you answered Yes to 'account signatory' you must complete Section 6.**
- Do you require telephone banking access?  Yes  No **Signatories are automatically registered for telephone banking.**
- Do you require internet banking access?  Yes  No

**If you answered Yes to 'internet banking' please enter a memorable name which will be used for identity purposes when registering your security login details, and the access level required.**

Memorable Name  **This needs to be a minimum of 3 characters.**

Please tick the access level required  V  VS  VA  VSA  A **You will find all the definitions on page 9.**

- Do you require an ALTO Prepaid MasterCard®?  Yes  No Please refer to the ALTO Prepaid MasterCard® terms and conditions or visit [www.unity.co.uk/alto-terms](http://www.unity.co.uk/alto-terms)
- Do you require web access for your ALTO Prepaid MasterCard®?  Yes  No

If you answered Yes to 'web access' please provide an email address

Please provide the amount of the initial load which must be a minimum of £6 Amount £  Please enclose a cheque payable to the name of the organisation that you are opening the account for so that we can process this request.

**Please sign here to confirm all the above information is correct.**

<div style="border: 1px solid black; padding: 5px; min-height: 50px;"> <p style="margin: 0;">Signature</p> </div>	<p>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"/></p>
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## Section 5 - Your Account Signatories and other authorised account users (continued)

**Other authorised account users means people who are internet/telephone banking or ALTO Prepaid Mastercard® users.**

This section allows you to specify who can authorise payments, make changes to your account details and obtain information about your account.

We are required by law to check the identity of customers opening an account. To help us verify your identity and address we may make an electronic search, using information you have supplied on this form. In some instances we may need to ask you to send in further information or documents. Please read our information leaflet on proving your identity, this is available at [www.unity.co.uk/identity](http://www.unity.co.uk/identity)

**Note: All signatories or other authorised account users must be UK resident and the minimum age is 18 years. If there are more than five signatories or authorised account users please reprint this page.**

### Signatory/Authorised Account User 4

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Surname	<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"/>	
Position	<input type="text"/>	Nationality	<input type="text"/>									
Address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	When did you move to your current address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	<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 Number	<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"/>
Previous Address (If you have moved in last 3 years)	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Please tick where applicable the following:

- Are you an account signatory?  Yes  No **If you answered Yes to 'account signatory' you must complete Section 6.**
- Do you require telephone banking access?  Yes  No **Signatories are automatically registered for telephone banking.**
- Do you require internet banking access?  Yes  No

**If you answered Yes to 'internet banking' please enter a memorable name which will be used for identity purposes when registering your security login details, and the access level required.**

Memorable Name  **This needs to be a minimum of 3 characters.**

Please tick the access level required  V  VS  VA  VSA  A **You will find all the definitions on page 9.**


- Do you require an ALTO Prepaid MasterCard®?  Yes  No Please refer to the ALTO Prepaid MasterCard® terms and conditions or visit [www.unity.co.uk/alto-terms](http://www.unity.co.uk/alto-terms)
- Do you require web access for your ALTO Prepaid MasterCard®?  Yes  No

If you answered Yes to 'web access' please provide an email address

Please provide the amount of the initial load which must be a minimum of £6 Amount £  Please enclose a cheque payable to the name of the organisation that you are opening the account for so that we can process this request.

#### Please sign here to confirm all the above information is correct.

Signature



Date   |  |  |  |  |  |  |

## Section 5 - Your Account Signatories and other authorised account users (continued)

**Other authorised account users means people who are internet/telephone banking or ALTO Prepaid Mastercard® users.**

This section allows you to specify who can authorise payments, make changes to your account details and obtain information about your account.

We are required by law to check the identity of customers opening an account. To help us verify your identity and address we may make an electronic search, using information you have supplied on this form. In some instances we may need to ask you to send in further information or documents. Please read our information leaflet on proving your identity, this is available at [www.unity.co.uk/identity](http://www.unity.co.uk/identity)

**Note: All signatories or other authorised account users must be UK resident and the minimum age is 18 years. If there are more than five signatories or authorised account users please reprint this page.**

### Signatory/Authorised Account User 5

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Surname	<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"/>						
Position	<input type="text"/>	Nationality	<input type="text"/>														
Address	<input type="text"/>																
	<input type="text"/>																
	<input type="text"/>																
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	When did you move to your current address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Telephone Number	<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 Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address (If you have moved in last 3 years)	<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"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

#### Please tick where applicable the following:

- Are you an account signatory?  Yes  No **If you answered Yes to 'account signatory' you must complete Section 6.**
- Do you require telephone banking access?  Yes  No **Signatories are automatically registered for telephone banking.**
- Do you require internet banking access?  Yes  No

**If you answered Yes to 'internet banking' please enter a memorable name which will be used for identity purposes when registering your security login details, and the access level required.**

Memorable Name  **This needs to be a minimum of 3 characters.**

Please tick the access level required  V  VS  VA  VSA  A **You will find all the definitions on page 9.**

- Do you require an ALTO Prepaid MasterCard®?  Yes  No Please refer to the ALTO Prepaid MasterCard® terms and conditions or visit [www.unity.co.uk/alto-terms](http://www.unity.co.uk/alto-terms)
- Do you require web access for your ALTO Prepaid MasterCard®?  Yes  No

If you answered Yes to 'web access' please provide an email address

Please provide the amount of the initial load which must be a minimum of £6 Amount £  Please enclose a cheque payable to the name of the organisation that you are opening the account for so that we can process this request.

#### Please sign here to confirm all the above information is correct.

Signature



Date   |  |  |  |  |  |  |

# Section 6 - Account Mandate

All organisations must complete this section.

This section must be completed by all signatories - if you have answered Yes to 'account signatory' in Section 5 then you must sign this mandate.

By signing this mandate you will be automatically registered as an authorised telephone banking user.

## Signing Instruction

For the operation of your account including writing cheques and making changes to your account in writing, please indicate the number of signatories required.

Any Two     Both     All Signatories     Other (please provide the details in the box below)

Please sign in BLACK INK. If there are more than five signatories please reprint this page.

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>			Signature	<div style="border: 1px solid black; height: 60px; display: flex; align-items: center; justify-content: center;"></div>
Bank Use Only	<input type="text"/>				
Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>			Signature	<div style="border: 1px solid black; height: 60px; display: flex; align-items: center; justify-content: center;"></div>
Bank Use Only	<input type="text"/>				
Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>			Signature	<div style="border: 1px solid black; height: 60px; display: flex; align-items: center; justify-content: center;"></div>
Bank Use Only	<input type="text"/>				
Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>			Signature	<div style="border: 1px solid black; height: 60px; display: flex; align-items: center; justify-content: center;"></div>
Bank Use Only	<input type="text"/>				
Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>			Signature	<div style="border: 1px solid black; height: 60px; display: flex; align-items: center; justify-content: center;"></div>
Bank Use Only	<input type="text"/>				



## Section 7 - Key Account Parties

Please use this section to provide the details of all key account parties who are not signatories or internet or telephone banking users already detailed in Section 5.

If all key account parties are signatories or internet or telephone banking users, please continue to Section 8.

Please note, by law, we require details of key account parties to validate the identity of these individuals (as well as signatories):

- Any individuals with responsibility for the organisation/partnership/company e.g. Trustees/Directors/Partners.
- Any individuals who own (in their own name or via another person) 25% or more of the organisation/partnership/company.

If you believe there may be other key account parties to the organisation or the account that are not described above please call us on 0345 155 3355.

**Note: All key account parties must be UK resident and the minimum age is 18 years. If there are more than six key account parties please reprint this page.**

### Key Account Party 1

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Surname	<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"/>						
Position	<input type="text"/>		Nationality	<input type="text"/>													
Address	<input type="text"/>																
	<input type="text"/>																
	<input type="text"/>																
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	When did you move to your current address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Previous Address (If you have moved in last 3 years)	<input type="text"/>																
	<input type="text"/>										Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Key Account Party 2

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Surname	<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"/>						
Position	<input type="text"/>		Nationality	<input type="text"/>													
Address	<input type="text"/>																
	<input type="text"/>																
	<input type="text"/>																
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	When did you move to your current address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Previous Address (If you have moved in last 3 years)	<input type="text"/>																
	<input type="text"/>										Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Key Account Party 3

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Surname	<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"/>						
Position	<input type="text"/>		Nationality	<input type="text"/>													
Address	<input type="text"/>																
	<input type="text"/>																
	<input type="text"/>																
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	When did you move to your current address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Previous Address (If you have moved in last 3 years)	<input type="text"/>																
	<input type="text"/>										Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 7 - Key Account Parties (continued)

If all key account parties are signatories or internet or telephone banking users, please continue to Section 8.

Please note, by law, we require details of key account parties to validate the identity of these individuals (as well as signatories):

- Any individuals with responsibility for the organisation/partnership/company e.g.Trustees/Directors/Partners.
- Any individuals who own (in their own name or via another person) 25% or more of the organisation/partnership/company.

If you believe there may be other key account parties to the organisation or the account that are not described above please call us on 0345 155 3355.

**Note: All key account parties must be UK resident and the minimum age is 18 years.**

### Key Account Party 4

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Surname	<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"/>					
Position	<input type="text"/>		Nationality	<input type="text"/>												
Address	<input type="text"/>															
	<input type="text"/>															
	<input type="text"/>															
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	When did you move to your current address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Previous Address (If you have moved in last 3 years)	<input type="text"/>															
	<input type="text"/>									Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Key Account Party 5

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Surname	<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"/>					
Position	<input type="text"/>		Nationality	<input type="text"/>												
Address	<input type="text"/>															
	<input type="text"/>															
	<input type="text"/>															
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	When did you move to your current address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Previous Address (If you have moved in last 3 years)	<input type="text"/>															
	<input type="text"/>									Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Key Account Party 6

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Surname	<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"/>					
Position	<input type="text"/>		Nationality	<input type="text"/>												
Address	<input type="text"/>															
	<input type="text"/>															
	<input type="text"/>															
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	When did you move to your current address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Previous Address (If you have moved in last 3 years)	<input type="text"/>															
	<input type="text"/>									Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 8 - Resolution and Declaration

All organisations must complete this section.

### Resolution

To Unity Trust Bank plc. Please tick the box that is specific to your organisation.

At a properly convened meeting of the Directors/Trustees/Members/Proper Officers held on 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 it was resolved that:

**Unincorporated Organisations, Clubs and Societies, Credit Unions, Political Parties**

1. The Organisation wishes to open an account with Unity Trust Bank plc ("the Bank") and produced to the meeting a copy of the Bank's terms and conditions for operating an account;
2. The Bank's terms and conditions are approved and we appoint the Bank as its Bankers;
3. The Bank's terms and conditions may vary from time to time and we agree to be bound by them;
4. The Mandate for the operation of the bank account(s), payment instructions and banking services be approved and be provided to the Bank by persons authorised to do so in accordance with the Bank's procedures;
5. The Bank is entitled to rely upon this Mandate until it receives a later Mandate amending it;
6. The Bank will be provided with a copy of the registration documents;
7. The committee members/Trustees acknowledge that they shall be jointly and severally liable for any liabilities of the Organisation, Club/Society, Council, Credit Union, Political Party to the Bank.

**All Limited Companies (including Companies limited by guarantee or shares, CICs or CIOs)**

1. The Company/Organisation wishes to open an account with Unity Trust Bank plc ("The Bank") and produced to the meeting a copy of the Bank's terms and conditions for operating an account;
2. The Bank's terms and conditions are approved and the Company/Organisation appoints the Bank as its Bankers;
3. The Bank's terms and conditions may vary from time to time and the Company/Organisation agrees to be bound by them;
4. The Mandate for the operation of the bank account(s), payment instructions and banking services be approved and be provided to the Bank;
5. The Bank is entitled to rely upon this Mandate until it receives a later Mandate amending it;
6. The Bank will be provided with a copy of the Memorandum and Articles of Association or, if incorporated under the Industrial and Providents Societies Act 1965, a copy of the Company's Rules, or the Organisation's registration documents. Any changes to these documents must be advised in writing to the Bank;
7. The Bank will be notified in writing of any change in Directors/Trustees of the Company/Organisation or of any officer of the Company/Organisation who is known to the Bank as being authorised by the Board to do so.

**Limited Liability Partnership (LLP)**

1. The Partnership wishes to open an account with Unity Trust Bank plc ("the Bank") and produced to the meeting a copy of the Bank's terms and conditions for operating an account;
2. The Bank's terms and conditions are approved by the members and the LLP appoints the Bank as its Bankers;
3. The Bank's terms and conditions may vary from time to time and the LLP agrees to be bound by them;
4. The Mandate for the operation of the bank account(s), payment instructions and banking services be approved and be provided to the Bank;
5. The Bank is entitled to rely upon this Mandate until it receives a later Mandate amending it;
6. The Bank will be notified in writing of any change in the membership of the LLP.

**Trusts**

1. The Trust wishes to open an account with Unity Trust Bank plc ("the Bank") and produced to the meeting a copy of the Bank's terms and conditions for operating an account;
2. The Bank's terms and conditions are approved and we appoint the Bank as its Bankers;
3. The Bank's terms and conditions may vary from time to time and we agree to be bound by them;
4. The Mandate for the operation of the bank account(s), payment instructions and banking services be approved and be provided to the Bank by persons authorised to do so in accordance with the Bank's procedures;
5. The Bank is entitled to rely upon this Mandate until it receives a later mandate amending it;
6. The Bank will be provided with a copy of the Trust Deed and any changes to the Trust Deed must be advised in writing to the Bank;
7. The Trustees acknowledge that they shall be jointly and severally liable for any liabilities of the Trust to the Bank.

**Councils**

1. The Council wishes to open an account with Unity Trust Bank plc ("The Bank") and produced to the meeting a copy of the Bank's terms and conditions for operating an account;
2. The Bank's terms and conditions are approved and we appoint the Bank as its Bankers;
3. The Bank's terms and conditions may vary from time to time and we agree to be bound by them;
4. The Mandate for the operation of the bank account(s), payment instructions and banking services be approved and be provided to the Bank by persons authorised to do so in accordance with the Bank's procedures;
5. The Bank is entitled to rely upon this Mandate until it receives a later Mandate amending it.

## Section 8 - Resolution and Declaration (continued)

### Declaration

**Please ensure the Declaration is signed.**

I/We acknowledge your right to suspend operation of this account until I/We have supplied to Unity Trust Bank any documentation or information that may be required, as detailed in the supporting documentation section of this application form, or as otherwise requested by the Bank. I/We authorise the Bank to make any enquiries that it considers necessary to confirm the details on this form. The information provided is true to the best of our knowledge.

I/We confirm that I/We have received and read a copy of the Terms and Conditions for the Bank's accounts in force from time to time and agree to, and acknowledge we will be bound by them.

I/We confirm that we have read and agree to the terms and conditions relating to the ALTO Prepaid MasterCard® service and that all cardholders have been given a set of full terms and conditions along with the current ALTO Prepaid MasterCard® Summary Box, if applicable.

I/We confirm that all applicants to the ALTO Prepaid MasterCard® will be under current employment by our organisation or are mandated to sign on the account (Trustees/Directors), if applicable.



We hereby certify that the Resolutions were duly passed at a meeting held on 

D	D	M	M	Y	Y	Y	Y
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 and entered in the Minute Book of The Organisation/Company/Council and were duly signed by the Directors/Trustees/Committee Members/Partners/Councillors and where we confirmed that:

- I/We confirm that there are a total of  signatories to the account.
- I/We confirm that there are a total of  internet banking users on the account and I/We confirm that the details of the individuals listed as nominated users in Section 5 are correct.
- I/We confirm that there are a total of  additional telephone banking users on the account.  
*(Signatories are automatically registered for telephone banking)*
- I/We confirm that there are a total of  ALTO Prepaid MasterCard® users on the account.
- I/We confirm that there are a total of  ALTO Prepaid MasterCard® web access users on the account.
- I/We confirm that there are a total of  key account parties on the account. *(That are not signatories to the account or internet or telephone banking users).*

This form needs to be signed by a **minimum of TWO authorised people**. Please sign below and post your completed application form to Unity Trust Bank, Nine Brindleyplace, Birmingham B1 2HB.

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>			<i>Signature</i> 	
Position	<input type="text"/>				
Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>			<i>Signature</i> 	
Position	<input type="text"/>				
Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>			<i>Signature</i> 	
Position	<input type="text"/>				

# Section 9 - Account Transfer Request

Please only complete this section if you would like us to arrange the transfer and closure of your existing bank account(s) to Unity Trust Bank.

We of  instruct you to provide any information requested by Unity Trust Bank

## Transferring existing Standing Orders/Direct Debits

Please tick one of the following options



- Please transfer the Direct Debits, Standing Orders and the balance of the account to Unity Trust Bank, and then close the old account(s).
- Please transfer the Direct Debits and Standing Orders to Unity Trust Bank but keep the old account(s) open. (We understand that we will have to transfer the balance of the account ourselves).
- Please transfer the balance and then close the old account(s), we do not have any Direct Debits and Standing Orders.

## Closing your existing bank account(s)

We authorise you to act on the instruction of Unity Trust Bank regarding the closure of our existing account(s).

Bank/Building Society Name	<input type="text"/>		
Branch Name	<input type="text"/>	Sort Code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/>

## Please sign in accordance with the Mandate that your existing bankers hold

Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>
Surname	<input type="text"/>			Signature	<input type="text"/>
					
Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>
Surname	<input type="text"/>			Signature	<input type="text"/>
					
Title	<input type="text"/>	Forename	<input type="text"/>	Middle Initials	<input type="text"/>
Surname	<input type="text"/>			Signature	<input type="text"/>
				