

Application form for a savings account

Your business details

Full business name:

Trading name:

Business type (please tick):

- Sole Trader Limited company/PLC LLP Partnership
- Charity Club and Association Other - please state

Nature of business:

Are you a regulated business? (Please tick)

 Y N

If yes, who are you regulated by?

Regulated number:

Company or charity
registration number (if applicable):

Date business established:

Date business purchased (if applicable):

Telephone:

Email:

Website:

Correspondence address:

Town/city:

County:

Postcode:

Date started trading at this address:

Registered office address (if different):

Town/city:

County:

Postcode:

What countries do you operate in?

Primary contact for communication & marketing (must be one of the signatories on the signing instructions)

Full name:

Telephone:

Email:

Application form for a savings account (cont.)

Your nominated account details

(This must be a current account in your business name held at another UK Bank)

Name on the account:

Sort code:

Account no:

- You can enclose a cheque with this application. It should be made payable to the business name and drawn on your nominated account.
- Alternatively, you can send funds electronically or a cheque once you receive your account information.
- If you are not enclosing a cheque with your application, funds should be deposited within 14 days of the account being opened.
- All deposits to your Hampshire Trust Bank account must be made from the nominated account. This must be a Current Account held in your business name at another UK bank.
- We will process all withdrawals from your Hampshire Trust Bank account to your nominated account only, by electronic transfer.

Which account(s) would you like to open?

How much would you like to invest (min. £5,000)?

1.

£

2.

£

3.

£

Interest

Would you like your interest to be added to your HTB account or paid to this nominated account? (Please tick)

HTB

Nominated

Individuals (Sole trader/ Partner(s)/ Director(s)/ member(s)/Trustees). All individuals named must be permanent UK residents. Should this cease to be the case you must notify us immediately.

Please provide the details of the following individuals related to this application and your organisation.

- All signatories to this account (signatories should also complete the mandate section)
- For limited and public limited companies any individual, or company, controlling 25% or more of the company's shares
- For partnerships and limited liability partnerships, details of all partners, up to a total of FOUR partners
- For charities, details of all trustees, up to a total of FOUR trustees
- For clubs, associations, societies and trusts, all Senior Officials/trustees, up to a total of FOUR

Application form for a savings account (cont.)

Individual 1 (Sole trader/ Partner(s)/ Director(s)/ member(s)/Trustees). All individuals named must be permanent UK residents. Should this cease to be the case you must notify us immediately.

Full name & title:

Position held within the organisation:

Shareholder? (Please tick)

 Y N

Percentage:

Date of birth:

Town of birth:

Telephone password:

Mother's maiden name:

(We will use this information to identify you if you wish to discuss your account by telephone)

Home telephone:

Mobile telephone:

Email:

Home address:

Town/city:

County:

Postcode:

If you have lived at this address for less than three years, (you must supply three years' address history)

Previous address:

Town/city:

County:

Postcode:

Do you pay tax in any country other than the UK? (Please tick)

 Y N

If yes, name other countries:

Are you a citizen of the United States of America? (Please tick)

 Y N

If yes, please state your tax identification number:

Individual 2 (Sole trader/ Partner(s)/ Director(s)/ member(s)/Trustees). All individuals named must be permanent UK residents. Should this cease to be the case you must notify us immediately.

Full name & title:

Position held within the organisation:

Shareholder? (Please tick)

 Y N

Percentage:

Date of birth:

Town of birth:

Application form for a savings account (cont.)

Individual 2 (cont.)		
Telephone password:		Mother's maiden name:
(We will use this information to identify you if you wish to discuss your account by telephone)		
Home telephone:		Mobile telephone:
Email:		
Home address:		
Town/city:	County:	Postcode:
If you have lived at this address for less than three years, (you must supply three years' address history)		
Previous address:		
Town/city:	County:	Postcode:
Do you pay tax in any country other than the UK? (Please tick) <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, name other countries:
Are you a citizen of the United States of America? (Please tick) <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, please state your tax identification number:

Individual 3 (Sole trader/ Partner(s)/ Director(s)/ member(s)/Trustees). All individuals named must be permanent UK residents. Should this cease to be the case you must notify us immediately.	
Full name & title:	
Position held within the organisation:	
Shareholder? (Please tick) <input type="checkbox"/> Y <input type="checkbox"/> N	Percentage:
Date of birth:	Town of birth:
Telephone password:	Mother's maiden name:
(We will use this information to identify you if you wish to discuss your account by telephone)	
Home telephone:	Mobile telephone:
Email:	

Application form for a savings account (cont.)

Individual 3 (cont.)

Home address:

Town/city:

County:

Postcode:

If you have lived at this address for less than three years, (you must supply three years' address history)

Previous address:

Town/city:

County:

Postcode:

Do you pay tax in any country other than the UK? (Please tick)

 Y N

If yes, name other countries:

Are you a citizen of the United States of America? (Please tick)

 Y N

If yes, please state your tax identification number:

Individual 4 (Sole trader/ Partner(s)/ Director(s)/ member(s)/Trustees). All individuals named must be permanent UK residents. Should this cease to be the case you must notify us immediately.

Full name & title:

Position held within the organisation:

Shareholder? (Please tick)

 Y N

Percentage:

Date of birth:

Town of birth:

Telephone password:

Mother's maiden name:

(We will use this information to identify you if you wish to discuss your account by telephone)

Home telephone:

Mobile telephone:

Email:

Home address:

Town/city:

County:

Postcode:

If you have lived at this address for less than three years, (you must supply three years' address history)

Previous address:

Application form for a savings account (cont.)

Individual 4 (cont.)		
Town/city:	County:	Postcode:
Do you pay tax in any country other than the UK? (Please tick)	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, name other countries:
Are you a citizen of the United States of America? (Please tick)	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, please state your tax identification number:

Business application - Verification required

Entity Type	Documentation required
Limited Company/PLC	Must be registered with Companies House
Partnership	Partnership Agreement
Societies/Clubs/Associations/ Unincorporated Charity	List of Senior Officials/Committee Members and their positions
Incorporated Charity	Charity Commission registration number
LLP	Must be registered with Companies House
We recommend that you do not send original documents through the post and suggest you send a copy to our registered address.	

Application form for a savings account (cont.)

Declarations

By signing this Declaration we confirm we have read and agree to the points below:

1. The account I am/we are opening and the money I am/we are investing or will invest is on behalf of the organisation named in this application. I/We hereby certify that the organisation has the power to open the account applied for and that if required I/we will produce evidence of the appropriate authority to confirm that the deposit may be made.
2. I/We agree to be bound by the terms and conditions of the account(s) as set out in the Hampshire Trust Bank Savings Account Terms and Conditions for Business Customers.
3. I/We acknowledge having read a copy of the Fair Processing Notice and Credit Reference Agency Information Notice referred to above and that I/We understand the basis upon which my/our information will be used and shared and that I/We are satisfied to proceed with this application.
4. I/We authorise you to act on the instructions of the authorised signatories using their authorised signatures as set out in this application. I/We also agree and acknowledge that I/we will not hold the Bank responsible if the organisation suffers a loss as a result of you acting on the authority and instructions of the authorised signatories. I/We will tell you immediately in writing if the authorised signatories are to be changed.
5. I/we confirm that I/we have received the 'Basic information about the protection of your deposits' information sheet.
6. We authorise the Bank to act on any instructions concerning the account in accordance with the authorities set out in this application

Individual 1 signature

Individual 1 print name

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Individual 2 signature

Individual 2 print name

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Individual 3 signature

Individual 3 print name

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Individual 4 signature

Individual 4 print name

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Date of signature

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Signing rules for your account

Please tell us how you require transactions to be authorised on your account. (Please tick as appropriate)

- Any one signatory mentioned Any two of the signatories mentioned All signatories must sign

Application form for a savings account (cont.)

News and marketing

We will never share your information with third parties for marketing purposes. We will never send you marketing about products or services from third parties. We would like to send you news and other information about us, our products and our services. We will only send news and information to the contact details listed under the section 'Primary Contact for Communication and Marketing' on the first page of this application form and we will not send it to any other individuals whose details are included in the application. Please tick the boxes below showing how you would like to receive this. If you change your mind at any time then let us know and we will update your preferences.

 E-mail Telephone Post Text message

Where did you hear about us?

**Please return completed application forms,
your cheque and any supporting documentation to:**

FREEPOST RTXE-RYYB-AYZY
Hampshire Trust Bank Savings
PO Box 74003
London EC2P 2QR

IMPORTANT

We will not deduct tax from your interest. It is your responsibility to declare to HM Revenue & Customs any tax due on interest earned in excess of your Personal Savings Allowance.

If you change your mind and wish to cancel your account, you can do so within the first 14 days from opening date of your account. You can notify us of your cancellation by writing to us at our address.

How we will use your information and personal data

Please read this section carefully; it tells you how we will use your information and personal data and with whom we may share it in order to manage your application and any account that is opened.

We are a regulated bank and we have a legitimate interest as well as legal and regulatory responsibilities to ensure that we know who we are dealing with, to combat financial crime and to be a responsible lender.

Our Fair Processing Notice explains how we will process your personal data and explains your rights to your personal data. You can read our Fair Processing Notice on our website at <https://www.htb.co.uk/> or you can request a copy in writing from us. **Please read our Fair Processing Notice carefully BEFORE submitting your application.**

We will pass your details on to credit reference agencies and fraud prevention agencies and we will receive scores and reports from them. You will receive a copy of the Credit Reference Agency Information Notice with this application which will explain how the three main credit reference agencies Callcredit, Equifax and Experian each use and share personal data they receive about you and/or your business that is part of or derived from or used in credit activity. You can also download or read it by visiting <http://www.experian.co.uk/crain/> **Please read this carefully before submitting your application.**

Searches we make with credit reference agencies will leave a 'footprint' on your file and we will also provide them with information relating to your performance under the account. These 'footprints' and performance details may be accessed by other financial companies in connection with any applications for credit that you may make to them and may affect your ability to obtain credit with them.

Your application will be assessed using credit reference agency records relating to anyone with whom you have a joint account or similar financial association. If this is a joint application and such a link does not already exist then one may be created now. These links will remain until you file a "notice of disassociation" at the credit reference agencies. We will also receive information from, process and share it with other people involved in your application, these can include, for example, your legal representatives, brokers and intermediaries, bankers and other professional if they are involved in opening or operating your account.

We may transfer or assign our rights in the account to another bank or financial institution and in that case we may provide them with your information. If you give us false or incomplete information and we identify or suspects fraud, then we will record this and notify such parties as is necessary for us to comply with our legal and regulatory responsibilities, including fraud prevention agencies.

Note: You have the right to object to us processing your personal data. If you do not wish us to process your personal data then do not submit this application. If you change your mind after submitting this application then please contact us as soon as possible to tell us.

Basic information about the protection of your eligible deposits

Eligible deposits in Hampshire Trust Bank are protected by:	Currency of reimbursement:
The Financial Services Compensation Scheme ("FSCS") (1)	Pounds sterling
Limit of protection:	Account enquiry contact details:
£85,000 per depositor per bank, building society or credit union (2)	www.htb.co.uk
If you have more eligible deposits at the same bank, building society or credit union:	FSCS enquiry contact details:
All your eligible deposits at the same bank, building society or credit union are aggregated and the total is subject to a limit of £85,000 (2)	Financial Services Compensation Scheme, 10Th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU Tel. 0800 678 1100 / 020 7741 4100 Email: ict@fscs.org.uk
If you have a joint account with other person(s):	Further information:
The limit of £85,000 applies to each depositor separately (3)	www.fscs.org.uk
Reimbursement period in case of bank, building society or credit union's failure:	
20 working days (4)	

- Scheme responsible for the protection of your eligible deposit** – your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.
- General limit of protection** – if a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000. In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible funds became legally transferable. These are eligible deposits connected with certain event, including:
 - Certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
 - A death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity
 - The payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be found at www.fscs.org.uk
- Limit of protection for joint accounts** – In case of joint accounts, the limit of £85,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.
- Reimbursement** – the responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 77414100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 20 working days until 31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply. Where the FSCS cannot make the repayable amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses or operating costs (in the case of a depositor which is not an individual or a large company) within 5 working days of a request. Again, there are specific exceptions to this obligation. In the case of a depositor which is a large company, where the FSCS cannot make the repayable amount available within 7 working days, it will, from 3 July 2015 until 1 December 2016, ensure that you have access to your covered deposits within fifteen working days of a request containing sufficient information to enable it to make a payment, save where specific exceptions apply. In the case of a depositor which is a small local

authority, where the FSCS cannot make the repayable amount available within 7 working days, it will from 3 July 2015 until 1 June 2016 ensure that you have access to your covered deposits within 15 working days of a request containing sufficient information to enable it to make a payment, save where specific exceptions apply. If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under <http://www.fscs.org.uk>

Other important information – in general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

Exclusions list

A deposit is excluded from protection if:

- The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
- The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- It is a deposit made by a depositor which is one of the following:

a. credit institution	g. pension or retirement fund (deposits by personal pensions schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded)
b. financial institution	h. public authority, other than a small local authority
c. investment firm	
d. insurance undertaking	
e. reinsurance undertaking	
f. collective investment undertaking	

The following are deposits, categories of deposits or other instruments which will no longer be protected from 3 July 2015:

- deposits of a credit union to which the credit union itself is entitled
- deposits which can only be proven by a financial instrument (listed in section C of Annex 1 of Directive 2014/65/EU) unless it is a savings product which is evidenced by a certificate of deposit made out to a named person and which exists in a Member State on 2 July 2014)
- deposits of a collective investment scheme which qualifies as a small company (under the companies act 1985 or companies act 2006)
- deposits of an overseas financial services institution which qualifies as a small company (under the companies act 1985 or companies act 2006)
- deposits of certain regulated firms (investment firms, insurance undertakings and reinsurance undertakings) which qualify as a small business or a small company (under the companies act 1985 or companies act 2006) – refer to the FSCS for further information on this category.

For further information about exclusions, refer to the FSCS website: www.fscs.org.uk