

Corporate Account Application

**Part 1 – Introduction**

**Are you completing this application as a Gibraltar International Bank Approved Intermediary or as a Gibraltar International Bank Direct client?**

**Please enter details below:**

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| **Date of application (DD/MM/YYYY)**  |
|  |
| **Full name of Company/Entity:**  |
|  |
| **Trading name if different from above:**  |
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| **Trade Licence required:**  |
|  |
| **Entity type i.e.:** |
|  |
| **Date of incorporation (DD/MM/YYYY):**  |
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| **Country of Incorporation:**  |
|  |
| **Registration number:** |
|  |
| **Does the Company / Entity have a website** **If yes, please enter web address:**  |
| **Company / Entity Registered Address**  |
| **Town/City:** **State/Province:** **Country:** **Post Code (if applicable):**  |
| **Trading Address (if applicable):**  |
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|  |
| **Town/City:** **State/Province:****Country:** **Post Code (if applicable):**  |

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| **Correspondence Address (if different to above)** |
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|  |
| **Town/City:****State/Province:****Country:** **Post Code (if applicable):**  |
| **Contact Details** |
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|  |  |
| --- | --- |
| **Title:** |  |
| **First Name:** |  |
| **Surname:** |  |
| **Date of Birth:** |  |
| **Place of Birth (town and country)** |  |
| **Nationality:** |  |
| **Business E-mail:** |  |
| **Business Telephone:** |  |

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| **Part 2 - Company/Entity details** |
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| **Relationship Information** |
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| **Does the entity operate in a high risk or sanctioned country (list available at** [**www.fsc.gi**](http://www.fsc.gi)**)****If yes, please enter details below:**

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| **Nature of business/activity (are you regulated? If so, please provide evidence)** |
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| **Source of Wealth (how your wealth has been generated)** |
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| **Source of Funds (please state where the initial and future funds will be received from)**

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| **Please list trading counterparties and countries of trade (and percentages for each)**

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| --- | --- | --- |
| **Name of Counterparty** | **Country of Trade** | **%** |
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| **Amount of initial deposit:**  |
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| **Estimated annual business turnover:**  |
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| **Estimated annual account turnover:**  |
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| **Are bearer shares currently issued?** |
| **Can the company issue bearer shares?**  |

**Part 3 - Beneficial Owners, Directors, Shareholders, Authorised Signatories**

**Please provide details of all connected parties to the account including position held:**

|  |  |  |
| --- | --- | --- |
| **Name of Individual /Company** | **Position** | **% Shareholding** |
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**Part 4 - Connected Individuals**

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| --- |
| ***Individual 1*** |
| **Relationship of connected parties:**  |
| **Title: Mr/Mrs/Miss/Ms** |
| **Full name:**  |
| **Civil Status:** |
| **Date of Birth:**  |
| **Country of Birth:**  |
| **Town of Birth:**  |
| **Nationality:**  |
| **Residence Country:** **Residence Address:**  |
| **Employer Name & Address (**if different from applicant**):**  |
| **Occupation:**  |
| **Memorable Word (***if applicable***)** |
| **Do you have an existing relationship with Gibraltar International Bank?** **If so, please provide details:** |
|  |
| ***Individual 2*** |
| **Relationship of connected parties:**  |
| **Title: Mr/Mrs/Miss/Ms** |
| **Full name:**  |
| **Civil Status:** |
| **Date of Birth:**  |
| **Country of Birth:**  |
| **Town of Birth:**  |
| **Nationality:**  |
| **Residence Country:** **Residence Address:**  |
| **Employer Name & Address (**if different from applicant**):**  |
| **Occupation:**  |
| **Memorable Word (***if applicable***)** |
| **Do you have an existing relationship with Gibraltar International Bank?** **If so, please provide details:** |
|  |
| ***Individual 3*** |
| **Relationship of connected parties:**  |
| **Title: Mr/Mrs/Miss/Ms** |
| **Full name:**  |
| **Civil Status:** |
| **Date of Birth:**  |
| **Country of Birth:**  |
| **Town of Birth:**  |
| **Nationality:**  |
| **Residence Country:** **Residence Address:**  |
| **Employer Name & Address (**if different from applicant**):**  |
| **Occupation:**  |
| **Memorable Word (***if applicable***)** |
| **Do you have an existing relationship with Gibraltar International Bank?** **If so, please provide details:** |
| ***Individual 4*** |
| **Relationship of connected parties:**  |
| **Title: Mr/Mrs/Miss/Ms** |
| **Full name:**  |
| **Civil Status:** |
| **Date of Birth:**  |
| **Country of Birth:**  |
| **Town of Birth:**  |
| **Nationality:**  |
| **Residence Country:** **Residence Address:**  |
| **Employer Name & Address (**if different from applicant**):**  |
| **Occupation:**  |
| **Memorable Word (***if applicable***)** |
| **Do you have an existing relationship with Gibraltar International Bank?** **If so, please provide details:** |
|  |

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| **Part 5 - Connected Companies** |
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| ***Company 1*** |
| **Company / entity name:**  |
| **Trading name (if applicable):**  |
| **Registered number:**  |
| **Country of incorporation:**  |
| **Date of incorporation:**  |
| **Registered address:**  |
| **Trading address (if applicable):**  |
|  |
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| ***Company 2*** |
| **Company / entity name:**  |
| **Trading name (if applicable):**  |
| **Registered number:**  |
| **Country of incorporation:**  |
| **Date of incorporation:**  |
| **Registered address:**  |
| **Trading address (if applicable):**  |
|  |
| ***Company 3*** |
| **Company / entity name:**  |
| **Trading name (if applicable):**  |
| **Registered number:**  |
| **Country of incorporation:**  |
| **Date of incorporation:**  |
| **Registered address:**  |
| **Trading address (if applicable):**  |
|  |
| ***Company 4*** |
| **Company / entity name:**  |
| **Trading name (if applicable):**  |
| **Registered number:**  |
| **Country of incorporation:**  |
| **Date of incorporation:**  |
| **Registered address:**  |
| **Trading address (if applicable):**  |
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| ***Trust 1*** |
| **Name:** |
| **Country of Law:** |
| **Established:**  |
| **Registered address:**  |
| **Trading address** (if applicable): |
| **Settlor:** |
| **Beneficiary 1:** |
| **Beneficiary 2:** |
| **Beneficiary 3:** |
| **Beneficiary 4:** |
| **Beneficiary 5:** |
| **Beneficiary 6:** |
| **Distributions:** |

|  |
| --- |
| ***Trust 2*** |
| **Name:** |
| **Country of Law:** |
| **Established:**  |
| **Registered address:**  |
| **Trading address** (if applicable): |
| **Settlor:** |
| **Beneficiary 1:** |
| **Beneficiary 2:** |
| **Beneficiary 3:** |
| **Beneficiary 4:** |
| **Beneficiary 5:** |
| **Beneficiary 6:** |
| **Distributions:** |

**Part 6 - Account Requirements** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Type of Account** | **Current** |  | **Savings** |  |  |  |
|  |  |  |  |  |  |  |
| **Currency** | **GBP** |  | **Euro** |  | **USD** |  |
|  |

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| --- | --- |
| Preferred short name of account (max 15 characters) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Online Banking required? (if yes complete Part 7) | **Yes** |  | **No** |  |

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| **Statements and stationary** |
| Please confirm if cheque book is required (fee applicable) | **Yes** |  | **No** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Statement frequency | **Monthly** |  | **Quarterly** |  | **Half Yearly** |  | **Yearly** |  |

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| **Alternative Correspondence Address (if applicable):** |

**Part 7 – Online Banking**

(*Please complete this section if the Corporate Account requires Online Banking*)

**By Completing this Section of the Application and signing the document the Directors confirm the following:**

The Company hasresolved that Gibraltar International Bank Limited, located at 310 Ince’s House, Gibraltar (“the Bank”) should provide the Company, for the purpose of managing the company’s accounts, with access to the Bank’s online banking service. The Company has further resolved that the Directors have been authorised to execute this form and provide details on the access which is to be given to named individuals for the purposes of accessing the Bank’s online banking system.

Accordingly, the following Directors are authorised to register the company / organisation for the Online Banking services and agree to the Bank’s Online Banking terms and conditions on behalf of the company/organisation.

**Notes to help you complete this form**

**User roles:**

“**Viewer**” user will have viewing access only.

“**Maker**” user will have viewing and input access.

“**Approver / Checker**” user will have viewing, input and authorising rights for transactions / payments to agreed amounts.

**(*Section 3 - Payment Options*)**

* **No Authorisation required,** no sign off level is required user can input and release payments without any approval.
* **1 Level Approval,** *maker* can initiate the payment; 1 level of approval is required.
* **2 Level Approval,** *maker* can initiate the payment; 2 levels of approval required.
* **Bespoke Approval Level available if required.**

**NOTE: When an authoriser initiates a payment this also forms part of the 1st level approval process.**

**(*Section 4 – Approval Flow*)**

**Parallel,** no sequence is required. *Users from both the levels can approve simultaneously at any one time. Transaction/Payment will appear in the dashboard of both Level1 and Level2 users.*

**Sequential,** sequence will be followed i.e. Level 1 has to approve before Level 2.

*Transaction/Payment will initially only appear in the dashboard of Level1 user. Once the Level1 user approves, it will then appear in the dashboard of Level2 user for approval.*

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| --- |
| **Section 1 – Accounts required Online:** |
| Please provide a list of all accounts to be added to your online site: |
| **Bank Account Number** | **Account Name** |
|  |  |
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|  |  |
|  |  |

**Section 2 – Intermediaries Requirement:**

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| --- | --- | --- | --- | --- |
| Is this account to be linked to an existing site? | **YES** |  |  **NO** |  |

(*If YES please enter the full account name below*)

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**Please note by ticking “YES” the Bank will automatically link ALL USERS under your firms’ main ebanking platform to this new account, unless otherwise specified to the Bank in writing.**

**IMPORTANT**

**If there are amendments required to your current ebanking arrangement the bank will need to be advised accordingly by way of written instructions. i.e., notifying the bank of any addition/ removal of users, amendments in roles, powers, and segregation of specific accounts.**

**Section 3 – Payment Options:**

Please select type payment validation levels required:

|  |  |
| --- | --- |
| **No Authorisation required** |  |
| **Level 1 Approval** |  |
| **Level 2 Approval***\* Section 4 is mandatory for this option* |  |
| **Bespoke Approval level if required***\* Section 4 is mandatory for this option* |  |

**Section 4 – Approval Flow:**

Please select approval flow required:

|  |  |
| --- | --- |
| **Parallel**  |  |
| **Sequential** |  |

**Part 8 – Online Banking Individual User**

*This section will allow you to assign and amend services assigned to an individual’s online access. Please note that one form should be completed for each individual user*

|  |  |
| --- | --- |
| **Section 1 – Individual user details:**  |  |
| Please complete separate forms for all individuals that you wish to grant access to Online Banking  |
| **Title:** |  |
| **Name:** |  |
| **Date of Birth:** |  |
| **Place of Birth (town and country):** |  |
| **Nationality:** |  |
| **Address:** |  |
| **Country:** |  |
| **Telephone:** |  |
| **Mobile phone:** |  |
| **E-mail:**  |  |

**NOTE: If applicant would like to be linked to an existing username, please specify below:**

|  |  |
| --- | --- |
| **Username:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Memorable Word – \****letters only minimum of 5 characters, maximum of 12* |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- |
| **Section 2 – Accounts required Online:** |
| Please provide a list of all accounts to be added to your online site: |
| **Bank Account Number** | **Account Name** |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Section 3 – Levels of Approval:** |
|  |
| Please select Online Services required:  |
| **View Only (Balance and transactions)** |  |
| **Payment Options***\* Section 4 is mandatory for this option*  |  |
|  |  |

**Section 4 – Payment options:**

Please select options required:

|  |  |  |
| --- | --- | --- |
| **Option** | **Definition** | **Tick option required** |
| Viewer | View only |  |
| Maker | View and Input |  |
| Approver / Checker | View, Input and Authorise up to £1000 only |  |
| Approver / Checker | View, Input and Authorise bespoke amount £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Approver / Checker | View, Input and Authorise any amount |  |

Please supply a certified copy of each individual user’s passport, driving licence or ID card.

|  |  |
| --- | --- |
| **Driving Licence** |  |
| **Passport** |  |
| **ID Card** |  |

**NOTE: If this document is not supplied, then we will not be able to setup the individual’s online access.**

**Section 5 – Individual Confirmation:**

I confirm that I agree to the Online Banking details in this form. I have read and understood the Online Banking Terms and Conditions.

|  |  |
| --- | --- |
| **Individual Assigned to** **Online Banking** |  |
|  Full Name |  |
| Signature |  |
| Date |  |

To avoid any delays to your registration please ensure that ALL sections are completed in full.

Within three working days you will receive confirmation that your registration has been complete.

If you do not receive confirmation from us within three days, please call the helpdesk on **+350 200 13900** or e-mail **gibraltar@gibintbank.gi**

**DEPOSITOR INFORMATION SHEET**

|  |
| --- |
| Basic information about the protection of your eligible deposit |
| Eligible deposits in the Gibraltar International Bank Limited are protected by: | The Gibraltar Deposit Guarantee Scheme1 |
| Limit of protection: | €100,000 per depositor per credit institution or the currency equivalent at the time of disbursement2 |
| If you have more eligible deposits at the same credit institution: | All your eligible deposits at the same credit institution are ‘aggregated’ and the total is subject to the limit of €100,000 or currency equivalent2 |
| If you have a joint account with other person(s): | The limit of €100,000 or currency equivalent applies to each depositor separately3 |
| Reimbursement period in case of credit institution’s failure: | Between 7 and 20 working days4 |
| Currency of reimbursement: | Pound sterling (GBP, £) or, for branches operating in other EEA Member States, the currency of that State |
| Contact: | The Financial Services Resolution and Compensation Committeec/o Financial Services CommissionPO Box 940Suite 3, Ground FloorAtlantic SuitesEuroport AvenueGibraltarTel: + 350 20040283E-mail: gdgb@fsc.gi |
| More information: | <http://www.gdgb.gi> |

**1Scheme responsible for the protection of your deposit**

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. The Gibraltar Deposit Guarantee Scheme is defined in the Financial Services (Compensation and Resolution Schemes) Act 2015, as amended from time to time. If insolvency of your credit institution should occur, your eligible deposits would in any case be repaid up to €100,000 (or the currency equivalent at the time of disbursement) by the Deposit Guarantee Scheme.

**2General limit of protection**

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum €100,000 per eligible claim, (or the currency equivalent at the time of disbursement) per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100 000 (or currency equivalent).

In some cases eligible deposits which are categorised as ‘temporary high balances’ are protected above €100,000 (or the currency equivalent) for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

(a) Certain transactions relating to the depositor’s current or prospective only or main residence or dwelling;

(b) A death, or the depositor’s marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;

(c) The payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

**3Limit of protection for joint accounts**

In case of joint accounts, the limit of €100,000 (or currency equivalent) 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 €100,000 (or currency equivalent).

**4Reimbursement**

The responsible Deposit Guarantee Scheme is the Gibraltar Deposit Guarantee Scheme, c/o Financial Services Commission, PO Box 940, Suite 3, Ground Floor, Atlantic Suites, Europort Avenue, Gibraltar, Tel: +350 20040283, Email: gdgb@fsc.gi. It will repay your eligible deposits (up to €100,000, or currency equivalent) within 20 working days until 31st December 2018; within 15 working days from 1st January 2019 until 31st December 2020; within 10 working days from 1st January 2021 to 31st December 2023, and within 7 working days from 1st January 2024 onwards, save where specific exceptions apply.

Where the GDGB cannot make the repayable amount available within 7 working days, it will, from 1st June 2016 until 31st 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 (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 Gibraltar Deposit Guarantee Scheme cannot make the repayable amount available within 7 working days, it will, from 3rd July 2015 until 1st 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.

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.gdgb.gi

**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 credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.

**Corporate Customer Declaration**

Agreement and authorisation:

By signing, you, the corporate entity, named in the Bank application:

(a) apply to Gibraltar International Bank Limited for banking services and understand that the Bank may decline to provide such services to you

(b) confirm that any details for banking services which you have supplied in the Corporate Account Application form are true, accurate, and complete and that you will keep the Bank fully updated as to any change in such information whether a minor or material change

(c) authorise, both when considering the application and at any time in the future, that the Bank may make enquires of your corporate standing, ownership structure, business activities, credit status, or fraud status and where applicable as may be relevant to your appointed authorised signatories including credit status, identity and fraud status

(d) agree that you accept without reservation the Bank’s General Terms and Conditions which can be provided to you in printed form upon request and which are also available on line by following the link <http://www.gibintbank.gi/>. There you will find a copy which can be downloaded and saved by you. These Terms and Conditions contain our obligations to you and your obligations to the Bank. By signing this declaration you confirm that you are aware of the Terms and Conditions and you agree that these Terms and Conditions will govern the relationship between you and the Bank going forward. By signing this declaration you will indicate your written agreement to whatever is contained in the Terms and Conditions. You acknowledge that you have also been given a sufficient opportunity to read the Terms and Conditions before you sign this declaration

(e) if you have requested Online Banking (under Part 7), agree that you accept without reservation the Bank’s Online Banking Terms and Conditions which have been provided to you in printed form and which are also available on line by following the link <https://www.gibintbank.gi/terms-online-banking>. There you will find a copy which can be downloaded and saved by you. These Online Banking Terms and Conditions contain our obligations to you and your obligations to the Bank. By signing this declaration you confirm that you are aware of the Online Banking Terms and Conditions and you agree that these Online Banking Terms and Conditions will govern the relationship between you and the Bank going forward. By signing this declaration you will indicate your written agreement to whatever is contained in the Online Banking Terms and Conditions. You acknowledge that you have also been given a sufficient opportunity to read the Online Banking Terms and Conditions before you sign this declaration

(f) agree that the Bank reserves the right to change the Terms and Conditions and/or the Online Banking Terms and Conditions from time to time, provided that the Bank will notify you in writing (that is, by email unless you have instructed us otherwise: see (g) below) and give you an opportunity to acquaint yourself with the proposed amendment. You will be taken to have agreed to the proposed amendment unless you indicate to us by the date specified in the notification that you no longer wish to bank with us once the amendment comes into force, in which case arrangements must be made to settle and close your account

(g) unless you instruct us otherwise, we will correspond with you by email (to an address nominated by you) and accordingly we will notify you by email of any proposed amendments to the Terms and Conditions and/or the Online Banking Terms and Conditions and send you a link to a web-site where a copy can be downloaded, saved and/or printed. Where you instruct us that you do not want to receive email communications, we will notify you of any proposed amendments to the Terms and Conditions and/or the Online Banking Terms and Conditions by writing to you at your correspondence address and sending you a copy of the proposed amendments.

(h) agree that you will accept any relevant additional Terms and Conditions for any specific products which you successfully apply for

(i) agree that the Bank may process, by collecting and using the information that you provide to us including in relation to your appointed authorised signatories and as further detailed in the Terms and Conditions

(j) agree that the Bank may inform you about its products and services as may be of interest to you and on occasion may include the products and services of third parties. You can choose not to receive such information by ticking the box below

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|  |

(k) agree that the Bank may contact your authorised contact person from time to time to obtain feedback on the services offered by the Bank and the provision of those services

(l) will keep the Bank informed of any changes in your standing and status and which may impact upon the declaration given herein

(m) (if a limited company) confirm that the company has not been or is not in the process of being dissolved, struck off, wound-up as a business or as a going concern

(n) acknowledge that the banking relationship will be governed and construed in accordance with the laws of Gibraltar and the court of Gibraltar shall have exclusive jurisdiction over any disputes that may arise. However the Bank reserves the right to institute proceedings in any jurisdiction including at your principle place of business or registered office

To be signed by all directors empowered by the Corporate Resolution to apply for the bank account:

|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  |
| **Date (DD/MM/YYYY)** |  |

|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  |
| **Date (DD/MM/YYYY)** |  |

|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  |
| **Date (DD/MM/YYYY)** |  |

|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  |
| **Date (DD/MM/YYYY)** |  |

# Minimal Corporate Account CDD information

* Certificate of Incorporation
* Certificate of Good standing ( if company incorporated for longer than 12 months)
* Memorandum and Articles of Association (required for lending purposes)
* Trading counterparties
* Countries of trade
* Estimated turnover
* Source of Funds (If an employee, the client must provide pay slips from his/her employer and bank statements which demonstrate his earnings over the last 3 months period from the date of application. If a self-employed, the client must provide tax returns and bank statements which demonstrates his earnings over the last 3 months)
* Source of Wealth (Where applicable)
* Board Resolution to open account
* Organogram
* Directors details – Identification and Verification (ID &V)
* Shareholders details– ID &V
* Company Secretary details– ID &V
* Beneficial Owners– Identification and Verification (for owners above 25%. If entity beneficially owned by a number of individuals or entities which all fall below the 25% threshold provide all Identification and Verification and ownership)
* UBO Register Confirmation
* Bank mandate
* ID and V for all authorised signatories
* Trade or other licence where applicable

**Complex Structures**

Full ID & V on the company opening the bank account and full ID & V on the ultimate beneficial owners owning 25%+. Company Profiles from a designated public register (Companies House) for all in-between companies (with names of directors and details of shareholding).

**Intermediaries**

* As per above including an introductory letter as well as proof of regulatory authorisation if required for the purposes of business introduction;

**TRUSTS**

• Schedule Extract from Trust deed

• Settlor details– ID &V

• Source of Wealth for the Settlor

• Protector details ( if the trust has a Protector) – ID &V

• Beneficiaries details, (Name, address and DoB). If a beneficiary has received a distribution (regardless of amount), ID & V.

• Trustee details – ID &V

• ID & V for account signatories if different from trustees

All entities and connected individuals will undergo a Worldcheck/Lexis Nexis search by the account opening team prior to client on-boarding.

Approved Individuals, for certification of documents purposes:

• Bank official

• An official from a regulated entity with equivalent AML standards to the Bank

• A Consul or embassy official from your consulate or embassy.

• A Government official

• An Accountant

• A Lawyer (who is a member of the National Legal Association in an FATF country or equivalent)

• Notary Public in Europe, USA or Canada.

**Certification**

The person who certifies these documents must ensure that the Certification Statement appears on the page where the photo is on the ID. The statement should contain suitable wording that confirms that the individual certifying the documentation has had sight of the original document(s). For photographic identity document(s), the wording should also confirm that it is a true likeness of the individual. The certifier will then sign, full name and title, and date the form. Remember if the client provides a photo ID during the interview a staff member upon reviewing the document may take a copy and certify this having seen the original. The certifier will then sign, full name and title, and date the form. Remember if the client provides a photo ID during the interview a staff member upon reviewing the document may take a copy and certify this having seen the original.

**For Internal Use only**

|  |  |
| --- | --- |
| Name | Date Signed off  |
|
| **REVIEW OF APPLICATION AND SUPPORTING DOCUMENTS** |
|   | **Yes** | **No** | **Comments** |
| Has the client submitted the “Extract of Resolution to Open a Bank Account?” |   |   |   |
| Has the Client requested Online Banking? |   |   |   |
| Has the Account Mandate been signed? |   |   |   |
| Has all the necessary Due Diligence been submitted? |   |   |   |
| Have you completed the Client Risk Assessment Form? |   |   |   |
| What Client Segment is this account to be booked to? |     |
| Does this account have standard tariff? |  |  | (if **NO** specify) |