

Thank you for opening an account with Kingdom Bank Ltd. Please provide us with a copy of the document creating the trust and specifying the Trustees together with any documents subsequently altering the Trust or Trustees. This copy should be certified by one of the Trustees as a true copy.

Please write clearly and in capitals. Before completing the form and the Non-Personal Mandate form, please read the General and Specific Terms and Conditions; if you do not have a set you can print one from www.kingdom.bank or call us on 0115 921 7260 and we will post one to you. Please also call us if you have any questions.

STEP 1 · Choose the account you want to open by ticking one of the following boxes

No Notice Account	<input type="checkbox"/>	Promotion Code:	<input type="text"/>
Gospel Partner Account	<input type="checkbox"/>	How did you hear about Kingdom Bank?	<input type="text"/>
Savings Bond	<input type="checkbox"/>	_____ months	

STEP 2 · Please complete the following details about the Trust

Full name of the Trust	<input type="text"/>
Address of the Trust	<input type="text"/>
Postcode	<input type="text"/>
Telephone number of the Trust	<input type="text"/>

STEP 4 · Please provide details of Correspondent and all Trustees

We will address correspondence to this person at this address.

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>
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Full forenames (personal names)	<input type="text"/>
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Surname (family name)	<input type="text"/>
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Date of birth

Address

Postcode

Daytime telephone number
(including dialling code)

Email address

CHAIR/TRUSTEE I

Mr

Mrs

Miss

Ms

Other

Full forenames (personal names)

Surname (family name)

Date of birth

Address

Postcode

Daytime telephone number
(including dialling code)

Email address

TRUSTEE

Mr Mrs Miss Ms Other

Full forenames (personal names)

Surname (family name)

Date of birth

Address

Postcode

Daytime telephone number (including dialling code)

Email address

TRUSTEE

Mr Mrs Miss Ms Other

Full forenames (personal names)

Surname (family name)

Date of birth

Address

Postcode

Daytime telephone number (including dialling code)

Email address

Please photocopy and continue on a separate sheet for additional trustees.

STEP 4 · Please confirm who will operate the account

We need to know who will be authorised to operate the account, so that we can respond to withdrawal requests and other instructions in accordance with your formal mandate. You will therefore need to complete a "Non-personal Mandate Form", which must be returned to us with this application form.

If any person controlling your organisation has a US Taxpayer Identification Number (TIN), please enter their name and TIN in the space below.

Name	<input style="width: 95%;" type="text"/>	TIN	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>	TIN	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>	TIN	<input style="width: 95%;" type="text"/>

Additionally, if any person controlling your organisation is resident for tax in a country other than the UK, please enter their name and country of tax residence in the space below.

Name	<input style="width: 95%;" type="text"/>	Country of Tax Residence	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>	Country of Tax Residence	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>	Country of Tax Residence	<input style="width: 95%;" type="text"/>

Alternatively by signing this form, you confirm that no person controlling your organisation is resident outside of the UK for tax purposes or is a US citizen.

STEP 5 · Please tell us about your initial deposit to this account

We shall open the account with £ **Source of funds**
(gift, sale of property, savings, legacy etc)

This will be by *(please tick the appropriate box):*

- Cheque** *(please make the cheque out to 'Kingdom Bank Ltd - trust name')*
- Transfer from another Bank/Building Society** *(we will provide you with the details to arrange the transfer)*
- Transfer from Kingdom Bank Ltd Account number**
- Please tick, if after this initial transaction you expect to make further deposits in excess of £30,000**

STEP 6 · Expected levels of Account Activity

Q1. As part of our account monitoring processes please could you indicate the expected frequency of activity on this account? *(Please indicate with a tick)*

	Deposits	Withdrawals
Weekly		
Monthly		
Occasional (2-4x per year)		
Annually / less frequently		

Q2. What do you estimate the level of activity to be in monetary terms? *(Please indicate with a tick)*

	Deposits	Withdrawals
£1 - £999		
£1,000 - £4,999		
£5,000 - £24,999		
£25,000 +		

STEP 7 · Interest

Interest will be paid gross (without the deduction of tax). The interest will be paid annually or at maturity, depending on the type of account opened.

STEP 8 · Telephone Banking – please complete for ALL account types

Please provide details of the nominated account to which we will send withdrawals from your Account.

Bank/Building Society name I	<input style="width: 100%; height: 25px;" type="text"/>
Account name	<input style="width: 100%; height: 25px;" type="text"/>
Account number	<input style="width: 100%; height: 25px;" type="text"/>
Sort Code	<input style="width: 100%; height: 25px;" type="text"/>

STEP 9 · Other Products and Services

From time to time we would like to tell you about our other products and services and those arranged by us with other suppliers such as insurance companies.

Any personal Information you provide in the process of enquiring/ arranging any of our other products and services is provided in the strictest confidence. We will only use this for the purposes specified in your enquiry and we will never pass your personal details to these third parties or any other companies for any other reason.

Please tell us whether we can contact you with this information by ticking this box:

I am happy for you to retain my personal information to enable you to contact me with information relating to all the products and services you provide.

Please tick

If you have already provided your consent we will continue to rely on this permission until you request us to stop sending you information.

My preferred method of contact is; *(please tick as appropriate)*

Any Method

Post

Email

Telephone

Text

STEP 10 • Declaration on behalf of the Trust

For your own benefit and protection, you should read carefully the information and terms contained in this application form, including the declaration below, and also the General and Specific Terms and Conditions relating to this account before signing this form. If you do not understand any point, please ask for further information or clarification.

Pursuant to our governing instrument or the Trustee Act 2000 (as the case may be) it was resolved that a Savings Account or Savings Bond be opened with £ with Kingdom Bank Ltd, and that Kingdom Bank Ltd is authorised to accept instructions in accordance with the mandate given by the Trustees from time to time.

We certify that the above is a true extract from the minutes of the Trustees quorate meeting held on

If other wording is used in the minutes, please send a signed extract, not the full minutes, signed by the Chair Person.

We understand that you will rely on the information we have given in this application form, which we confirm is complete and true. We understand that you may decline this application.

In order to process your application, please tick this box to acknowledge receipt of the FSCS information sheet.

Signed by the Chair Person of the Trustees

Date:

Full name:

Signed by a Trustee

Date:

Full name:

STEP 11 • Obtain documents as proof of evidence of your identity and address

It is necessary for us to verify the identity of the Trust and the personal identity of all signatories. We will do this by obtaining evidence from various data sources, including Credit Reference and Fraud Prevention Agencies as well as the Electoral Roll. The agencies will record the details of the search whether or not your application proceeds. If we are unable to confirm identity from these sources we will ask you to supply us with adequate proof of identity. The only exception to this may be if the Trustees or signatories have an existing Account with us.

STEP 12 • Please post this application form and mandate to Kingdom Bank at the address shown below

**Freepost Plus RUCR-TLSB-GKUC, Kingdom Bank Ltd,
Media House, Padge Road, Beeston, NG9 2RS**

Our Financial Services Register number is 400972. The Financial Services Register can be viewed at <http://register.fca.org.uk>

Introduction

Please complete the attached mandate form when opening a new non-personal savings account or mortgage account, or when changing the authorised signatories on an existing account. Please ensure the number of signatories required is in accordance with your Trust Deed, Memorandum & Articles of Association, Partnership Deed or Constitution etc. If required, please continue on a second sheet.

Verification of Identity

It is necessary for us to verify the personal identity of all signatories using the information you supply on the mandate form. By signing the form, each signatory hereby consents to Kingdom Bank undertaking such enquiries as are considered necessary in order to fulfil its obligations under the Money Laundering Regulations 2007 and the Terrorism Acts, prior to accepting the client or applicant as a customer. Kingdom Bank consequently may decline to accept an applicant as a customer without the need to state reasons for its decision. This also applies to adding new signatories to an account.

We will normally obtain the evidence needed from various data sources, including Credit Reference and Fraud Prevention Agencies as well as the Electoral Roll. The agencies will record the details of the search whether or not your application proceeds. If we are unable to confirm identity from these sources we will write to you asking you to supply us with adequate proof of identity.

The only exception to this may be if the signatory has an existing account with us.

Further, it is mutually agreed that Kingdom Bank may refuse to carry out transactions immediately where it is not satisfied as to the legality of the proposed transaction(s).

Your Personal Information

At Kingdom Bank we take your privacy very seriously and as data controller have appointed a Data Protection Officer who can be contacted at DPO@kingdom.bank or Kingdom Bank Ltd, Media House, Padge Road, Beeston, Nottingham NG9 2RS. The terms and conditions applicable to the account in support of which this form is submitted explain the ways in which Kingdom Bank collects and processes your personal information. We will only use this information for these purposes and never pass your personal details to any other companies. A copy of this statement should be given to all persons named on this form.

From time to time, we would like to tell you about our other products and services and those arranged by us with other suppliers such as insurance companies. Any personal Information you provide in the process of enquiring/ arranging any of our other products and services is provided in the strictest confidence. We will only use this for the purposes specified in your enquiry and we will never pass your personal details to these third parties or any other companies for any other reason.

Please tell us whether we can contact you with this information and how we should do so by ticking the boxes shown on the form. If you have already provided your consent we will continue to rely on this permission until you request us to stop sending you information.

Data is categorised Personal data and Sensitive personal data, definitions of which can be viewed at: <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/what-is-personal-data/>

If you wish to make a complaint our Complaints Procedure can be found on our website: www.kingdom.bank

In relation to the data we hold, you have the rights to: obtain a copy; rectify any mistakes; request erasure; restrict processing; request data portability; object to processing and automated decision making or profiling.

You may request us to stop sending you information at any time but we will keep you on our mailing list until you request this or until you cease your contract with us. The other circumstance where your personal data may be held is where there is a lawful basis to do so.

Guidance Notes on Completing the Form

1. Provide the name of the organisation.
2. Please list all mortgage and savings accounts that this mandate applies to.
3. Provide your Company Number and/or Charity Number.
4. It is vitally important that all the information for each authorised signatory (whether existing or new) is provided, as requested on the form, along with their signature.
This information will be used to verify their identity as detailed above. If we are unable to verify their identity, we will contact them for documentary evidence. We will also use the information to provide telephone banking information when it is a feature of the type of account the organisation operates.
5. Please complete the boxes to advise the total number of signatories and how many required to authorise instructions. It is good charity practice to have a minimum of two out of three.
6. Signed by two Trustees as detailed on the Charity Commission/Officers as detailed on Companies House. If you are an exempt Charity, two Trustees to sign the mandate.
7. EXISTING CUSTOMERS ONLY
The minimum number of signatories required from the previous mandate must authorise these changes in the box provided. Please contact us if these signatories are not available.

Please note:

- If there are more than four signatories, ALL sections, noted above, must be completed on page two also.
- The telephone number and email address provided for each signatory will only be used if we need to contact any of the authorised signatories regarding a transaction on the account and in accordance with the privacy notice above.
- The completed form MUST have original signatures. We are unable to accept electronic signatures.

If you require any further assistance, please do not hesitate to contact us on 0115 9217260.

Organisation Name

Account Number(s)

Please list ALL mortgage and savings accounts which this mandate applies to.

Company or Charity No

If applicable

	Signatory 1				Signatory 2				Signatory 3				Signatory 4			
Full Name <small>(Mr, Mrs, Ms, Miss, Rev, Dr Sir, Madam)</small>																
Home Address																
Telephone																
Date of Birth																
Email																
Signature																
Kingdom Bank	Mail	Email	Phone	Text	Mail	Email	Phone	Text	Mail	Email	Phone	Text	Mail	Email	Phone	Text

I am happy for you to retain my personal information to enable you to contact me with information relating to all the products and services you provide. My preferred method of contact is indicated above.

We request Kingdom Bank Ltd to open or continue an account/accounts in the above name, and authorise it to accept instructions from a minimum of of the above signatories out of a total of authorised signatories

Signature

by a Charity Trustee/Company 

Full name

(Signed by two Trustees as detailed on the Charity Commission website and / or Officers as detailed on the Companies House website. If you are an exempt Charity, two Trustees to sign here).

Signature

by a Charity Trustee/Company 

Full name

Date

Signed by minimum number of signatories from previous mandate (see section 'For Existing' overleaf):

Signature

Date

Signature

Date