

# Business Account Application Form

FOR USE BY SOLE TRADERS, PARTNERSHIPS, LLPS, LIMITED COMPANIES, CHARITIES, CLUBS, SCHOOLS AND UNINCORPORATED ASSOCIATIONS

Account Type 

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FOR BRANCH USE Account No. 

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## 1. Which type of account(s) would you like to open?

Which of the following business accounts would you like to apply for? (Please tick all that apply)

Business Current Account  Business E-Savings Account   
(only available if you are registering for Internet Banking) Business Instant Access Account  Business 40 Day Notice Account  Business 2 Year Fixed Rate Account

Do you want to switch an existing business current account to us using the Current Account Switch Service?  Yes  No

The switching service is available for business with a turnover of £6.5million and fewer than 50 employees. Anything in excess is subject to agreement by both financial institutions.

If you would like to switch your account to us, please read our Current Account Switch Agreement form INV412a.

## 2. About your business

Company name  Customer Number 

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Trading address  Postcode 

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Registered office  Postcode 

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All correspondence for this account will be sent to your trading address. If you require correspondence for this account to be sent to another address please give this here

Correspondence Address  Postcode 

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Telephone Number  Email Address

Details of your business premises

Freehold  Leasehold  Period of lease remaining  years Rented  Home  Owned Outright  Owned with a mortgage

Property value  £ Mortgage outstanding  £ Mortgage provider

What is the nature of your business?

What is the legal status of your business?

Sole Trader  Partnership  Limited Company  Charity  Club/Society  Limited Liability Partnership  Trust  School

Other (please state)

If Trust, please state nature and purpose of trust

Company Number (if applicable)  Charity Number (if applicable)  FCA Registration Number (if applicable)

When did your business start / what is the anticipated start date? 

		-			-				
D	D		M	M		Y	Y	Y	Y

How many Directors/Partners/Owners are there?

How many employees does the business have?

What has been the turnover of the business in the last 12 months?  £

We reserve the right to vary the eligibility criteria for free banking and the charges set out in our Banking Interest Rates & Charges Leaflet (POS390j) for businesses with a turnover greater than £250,000.

What is the anticipated turnover of the business over the next 12 months?  £



### 3. Account Signatories

#### Applicant 1

Customer Number Title Mr  Mrs  Ms  Miss  Other (please state) Forename(s)  Surname Date of Birth   -          
D D M M Y Y Y YNationality  Tax Residency Home address  Postcode How long have you lived at this address?   -    
Y Y M M

If less than 3 years, please provide previous address

Previous address  Postcode 

#### Contact Details

The phone numbers you provide will be used for our SecureCall service, a key fraud prevention feature of Cumberland Internet Banking which contacts you by phone to confirm it is you making certain payments from your account.

Mobile Phone Number  Your mobile number will be used by us to contact you in relation to your account, including SMS message and One Time Passcode. If you change your mobile number, please advise us of your new number as soon as possible.Daytime Phone Number  Evening Phone Number Email Address Your relationship to the business: Owner  Partner/Member  Director  Authorised User How much of the business do you own?  % Other business interests/ employment 

#### Current Account Services:

Do you require Internet Banking? Yes  No  Will you be the: Primary User  Delegated User  Do you require a Debit Card? Yes  No **Branch Use Only:** Identification  Address Verification 

#### Applicant 2

Customer Number Title Mr  Mrs  Ms  Miss  Other (please state) Forename(s)  Surname Date of Birth   -          
D D M M Y Y Y YNationality  Tax Residency Home address  Postcode How long have you lived at this address?   -    
Y Y M M

If less than 3 years, please provide previous address

Previous address  Postcode 

#### Contact Details

The phone numbers you provide will be used for our SecureCall service, a key fraud prevention feature of Cumberland Internet Banking which contacts you by phone to confirm it is you making certain payments from your account.

Mobile Phone Number  Your mobile number will be used by us to contact you in relation to your account, including SMS message and One Time Passcode. If you change your mobile number, please advise us of your new number as soon as possible.Daytime Phone Number  Evening Phone Number Email Address Your relationship to the business: Owner  Partner/Member  Director  Authorised User How much of the business do you own?  % Other business interests/ employment 

#### Current Account Services:

Do you require Internet Banking? Yes  No  Will you be the: Primary User  Delegated User  Do you require a Debit Card? Yes  No **Branch Use Only:** Identification  Address Verification

**Applicant 3**Customer Number Title Mr  Mrs  Ms  Miss  Other (please state) Forename(s)  Surname Date of Birth --  
D D M M Y Y Y YNationality  Tax Residency Home address  Postcode How long have you lived at this address? -  
Y Y M M

If less than 3 years, please provide previous address

Previous address  Postcode **Contact Details**

The phone numbers you provide will be used for our SecureCall service, a key fraud prevention feature of Cumberland Internet Banking which contacts you by phone to confirm it is you making certain payments from your account.

Mobile Phone Number  Your mobile number will be used by us to contact you in relation to your account, including SMS message and One Time Passcode. If you change your mobile number, please advise us of your new number as soon as possible.Daytime Phone Number  Evening Phone Number Email Address Your relationship to the business: Owner  Partner/Member  Director  Authorised User How much of the business do you own? % Other business interests/ employment **Current Account Services:**Do you require Internet Banking? Yes  No  Will you be the: Primary User  Authorised User  Do you require a Debit Card? Yes  No **Branch Use Only:** Identification  Address Verification **Applicant 4**Customer Number Title Mr  Mrs  Ms  Miss  Other (please state) Forename(s)  Surname Date of Birth --  
D D M M Y Y Y YNationality  Tax Residency Home address  Postcode How long have you lived at this address? -  
Y Y M M

If less than 3 years, please provide previous address

Previous address  Postcode **Contact Details**

The phone numbers you provide will be used for our SecureCall service, a key fraud prevention feature of Cumberland Internet Banking which contacts you by phone to confirm it is you making certain payments from your account.

Mobile Phone Number  Your mobile number will be used by us to contact you in relation to your account, including SMS message and One Time Passcode. If you change your mobile number, please advise us of your new number as soon as possible.Daytime Phone Number  Evening Phone Number Email Address Your relationship to the business: Owner  Partner/Member  Director  Authorised User How much of the business do you own? % Other business interests/ employment **Current Account Services:**Do you require Internet Banking? Yes  No  Will you be the: Primary User  Delegated User  Do you require a Debit Card? Yes  No **Branch Use Only:** Identification  Address Verification

## 4. Shareholders (Limited Companies Only)

Please provide below details of any shareholders holding 25% or more of the Company's shares who are not Directors of the Company. Please copy this section of the form if there are more than two major shareholders who are not Directors.

### Shareholder 1

Title Mr  Mrs  Ms  Miss  Other (please state)

Forename(s)  Surname

Date of Birth   -          
D D M M Y Y Y Y

Nationality  Tax Residency

Home address  Postcode

How much of the business do you own?  %

### Contact Details

Mobile Phone Number

Daytime Phone Number  Evening Phone Number

Email Address

### Branch Use Only:

Identification  Address Verification

### Shareholder 2

Title Mr  Mrs  Ms  Miss  Other (please state)

Forename(s)  Surname

Date of Birth   -          
D D M M Y Y Y Y

Nationality  Tax Residency

Home address  Postcode

How much of the business do you own?  %

### Contact Details

Mobile Phone Number

Daytime Phone Number  Evening Phone Number

Email Address

### Branch Use Only:

Identification  Address Verification

## 5. About your account

Purpose of Account(s): Main Trading Account  Secondary Account  Savings Account  Other (please state)

What will be the level of activity? Monthly  Weekly  Daily

What will be the source of funding? Direct to account  Cash  Cheque

How much do you expect to pay into your account on a monthly basis?

What will be the average balance?

Business Current Account £

Business E-Savings Account £

Business 40 Day Notice Account £

Will you require transfers to or from overseas? Yes  No

Will you require cash exchange on a regular basis? Yes  No

Please process transactions on the account(s) on the instructions of:

Any one signature  Any two signatures  More than two signatures  NOTE: this does not apply to debit card transactions

### Business Current Accounts Only

Please tick the services you require:

Debit Card\*

Business name to appear on debit card:

\* Debit card only available to persons aged 18 and over

Internet Banking

Cheque Book

Overdraft  Please complete form INV470b (Overdraft Application Form)

## 6. Current Account Switch Service

The switching service guarantees that you can switch your current account to us in 7 days once your account is opened. It is available for business with a turnover of £6.5million and fewer than 50 employees. Anything in excess is subject to agreement by both financial institutions.

If you would like to switch your account to us, please read our Current Account Switch Agreement form INV412a.



Please provide:

Old Account Name

Old Sort Code

Old Account Number

Debit card held? (Sole Traders only) Yes  No

	Card Type	PAN (last 5 digits)	Expiry Date
Card 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your account registered for mobile payments? Yes  No

I/we confirm that we have read and understood the Current Account Switch Agreement (INV412a)

## 7. Keeping you informed

### Keeping in touch

We'd love to keep you up to date with offers, events and the latest information about our products and services. If you're happy for us to do this, please let us know how you'd like us to contact you.

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We may also use the personal information you have given us (together with other information) to personalise our communications to you.

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
I'm happy for you to use my personal information in this way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Our subsidiaries and insurance partner also offer products and services which may be of interest to you. If you're happy to receive occasional communications from them, please let us know how below.

Please note, we may pass your personal information to our subsidiaries so they can send you this information directly, but we will never share your personal information with our insurance partner for marketing purposes.

### Cumberland Sales & Lettings

I'd like to receive information from your estate agents by:

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Borderway Finance Limited

I'd like to receive information from your vehicle finance by:

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Aviva Insurance Limited

I'd like to receive information from your insurance partner by:

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you decide that you no longer want to receive this marketing information you can ask us to stop sending it at any time by emailing us at [help@cumberland.co.uk](mailto:help@cumberland.co.uk); by calling us on 01228 403141, by visiting any Cumberland branch or by writing to us at Cumberland Building Society, FREEPOST, Cumberland House, Cooper Way, Parkhouse, Carlisle, CA3 0JF and we will update your preferences as soon as possible.

## 8. Agreement to assign any conversion windfalls to charity (Sole Traders & Partnerships only)

Words printed in *italics* in this section of the application form are explained in the notes at the end.

1. Paragraphs 2 to 6 below, will apply to me unless I am either an *established customer* or in an *exempt group* at the time when the Society opens my *account*.
2. I agree with the Society that, if any *windfall rights* are granted to me after my account is opened, I will assign my *windfall rights* to the *selected charity*.
3. I authorise the Society and the successor to pass any benefits derived from my *windfall rights* direct to the *selected charity* (or to any other charity or charities which the selected charity may nominate as the recipient of those benefits), without notice to me.
4. I understand that:
  - the Society has promised to transfer to the selected charity the benefit of the agreement which I have given under paragraph 2, above; and
  - neither the Society nor the *selected charity* will release me from that agreement.
5. I authorise the Society to supply the *selected charity* with any information concerning me or any account which I have with the Society (now or in the future) - but only if the *selected charity* reasonably requires it in connection with the agreement I have given under paragraph 2, above.
6. I understand that the Society will require any person who opens a new share account (not being a person who is then an *established customer* or in an *exempt group*) to enter into an agreement to assign to charity any *windfall rights* to which that person may subsequently become entitled. The terms of the agreement will be decided by the Society and may be different from the terms set out in paragraphs 1 to 5, above. This paragraph will cease to apply if the Society publishes a termination notice.

### NOTES

These notes govern the interpretation of paragraphs 1 to 6, above:

- (a) Your "*account*" is the investment account which you are applying to open by completing this form.
- (b) A person is an "*established customer*" if he or she has been an investing member of the Society (i.e. a saver with a share account) at all times since 15th November 1998.
- (c) A person falls into an "*exempt group*" at any time if, at that time, he or she belongs to one of the special groups of people who, in the Society's opinion, do not need to be asked to agree to terms which are the same as, or similar to, those in paragraphs 2 to 6, above. A list of these groups is available from the Society at any time. The Society may alter the number or composition of the groups from time to time, but no alteration will apply retrospectively.
- (d) The "*selected charity*" means Cumberland Building Society Charitable Foundation ("the Foundation") or, if the Foundation at any time ceases to be a registered charity, any other charity or charities selected by the Foundation to receive assignments of windfall rights and any benefits derived from them.
- (e) The "*successor*" is any company or other corporate body to which the Society transfers its business under section 97 of the Building Societies Act 1986 (or under any provision which amends or replaces it).
- (f) A "*windfall right*" is a right to receive, as a shareholding member of the Society, a benefit under the terms of any future transfer of the Society's business to a successor (i.e. on a conversion or take-over) other than:
  - a right to have savings in a share account with the Society converted into savings in a deposit account with the successor (as explained in the Cumberland Building Society Charitable Assignment leaflet);
  - a right conferred under the terms of a transfer which is publicly announced by the Society more than three years after the Society has published a termination notice.
- (g) A "*termination notice*" means a press release publicising a decision by the Society that it will no longer require new shareholding members to enter into agreements of the kind described in paragraph 6, above.
- (h) Where more than one of you is applying to open the account, paragraph 1 and (if applicable) paragraphs 2 to 6 above, apply to each of you separately.
- (i) If the Society ceases to exist following a merger with another building society, paragraphs 2 to 6, above, will still be binding between you and the other society.

## 9. Joint Accounts

You may change the order of the members set out in this application by giving notice in writing of any change to the Society. Any notice of change must be signed by all those named on the account. Where an account is in joint names signatures for withdrawing must be in accordance with the signing instructions given on this form, or as may be advised to the Society in writing from time to time.

## 10. Internet Banking

The standard value of payments which can be made in any 24 hour period is £10,000. This includes any future dated payments which are due that day. If this amount is insufficient for your normal requirements then please telephone us on 01228 403141 for the limit to be increased.

For security reasons your Log On details will be sent to your home address.

All internet enabled users must have a Primary User who is a signatory on the account. If there is more than one signatory on your accounts they may be registered as Delegated Users. The Primary User will define the powers of any Delegated Users on the system. For each account they will be able to set full access, read only or no access. They will also be able to set limits on any payments to be made. If your account requires multiple signatures to authorise payments then you must have Delegated Users set up. Please note internet enabled users will only receive their monthly statements and quarterly charges notifications by Internet Banking.

## II. Declaration

I/We agree that this account and all dealings on it shall be subject to English law.

I/We accept the terms and conditions relating to this account and declare that the money shown in this application form is being invested in The Cumberland.

Please  box applicable

By me as sole beneficial owner

By us as joint beneficial owners

I/We declare that the account will not be held by me as a \*bare trustee for a body corporate, or for persons who include a body corporate.

\* In Scotland, for bare trustee, substitute 'simple trustee'. Note: A bare trustee is a person who holds property or money in trust for the benefit of another person or persons. Any person who has an interest in the property or money cannot be a bare trustee.

I/We agree to be bound by the Rules of the Society and the conditions which relate to this account contained in the Savings and Current Account Terms and Conditions and any other conditions which may be contained in the appropriate current account leaflet.

I/We confirm I/we are not an undischarged bankrupt(s) and there are no County Court Judgements and/or Court Decrees registered against me/any one of us.

I/We confirm the information given in the application form is true.

I/we will advise Cumberland Building Society of any changes in my/our circumstances that may affect the information that I have provided on this application form.

I/We understand that the completion of an Application Form does not oblige the Society to open an account or to issue a Debit Card and that you may decline this application without being required to state any reason.

I/We understand that any overdraft agreed by the Society will be subject to all conditions applicable to my/our Current Account and that a copy of the conditions is available on request.

I/We confirm that this account will be conducted only as a business account in my/our sole/joint name(s).

I/We understand that the rate of interest payable on this account is variable and may go up or down.

### Limited Companies & Limited Liability Partnerships only

Please  each box

We confirm that the person(s) named overleaf were empowered to open a deposit Current Account with The Cumberland and that withdrawals may be paid as authorised overleaf.

A copy of the resolution of the Board of Directors is enclosed.

NB. where the company is not an existing Cumberland customer a copy of the company's Memorandum and Articles of Association and the original or certified copy of the company's Certificate of Incorporation will be required before the account can be opened.

A copy of the **company's Memorandum and Articles of Association** is enclosed.

A copy of the **company's Certificate of Incorporation** is enclosed.

We declare that this account is being opened on behalf of a Limited Company or Limited Liability Partnership.

## 12. Important Notes

Please  each box

I/We confirm that Cumberland Building Society will process my/our personal data in accordance with the [Privacy Notice](#).

I/We confirm that the account details have been explained to me/us and that I/we understand fully the terms of the investment including any notice of withdrawal condition.

I/We acknowledge receipt of, for retention, copies of the Savings and Current Account Terms and Conditions, Business Banking & Savings, Fee Information Document and Charges for Account Services and Variable Interest Rates leaflets.

I/We jointly and severally agree to be bound by the Cumberland Card Terms and Conditions (a copy of which I/we have received) if I/we have been issued with a Debit Card and consent to my/our personal data being transferred outside the EU and/or EEA.

I/We acknowledge receipt of, and have read and understood, the Financial Services Compensation Scheme Information Sheet.

## 13. Signatures

Please read the **DECLARATION, IMPORTANT NOTES** and **except for "established customers"** **AGREEMENT TO ASSIGN ANY CONVERSION WINDFALLS TO CHARITY** before signing.

For and on behalf of

Applicant 1 \_\_\_\_\_ Date \_\_\_\_\_ Applicant 2 \_\_\_\_\_ Date \_\_\_\_\_

Applicant 3 \_\_\_\_\_ Date \_\_\_\_\_ Applicant 4 \_\_\_\_\_ Date \_\_\_\_\_