



# Kingdom Bank

## Application Form to open a Savings Account - Charities

Thank you for choosing to open a new Account with Kingdom Bank Ltd. The decision to open this account must be agreed by at least a majority of the Charity Trustees/Board of Directors, whose resolution will be recorded in the minutes of one of their formal meetings (see step 11 below).

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](http://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

Promotion Code

Church & Charity Reserve Account

Gospel Partner Account

Savings Bond

..... months

### Step 2 – Please complete the following details about the Charity

Full name of the Charity

Registered number of the Charity  
(or HMRC Exemption ref.)

Company number (if applicable)

Correspondent's name as recorded  
with the Charity Commission

Correspondent's address as recorded  
with the Charity Commission

Post Code

Address of the Charity's  
principal activities  
(if different from above).

Postcode

Registered Office address  
(if a Company limited by guarantee  
and if different from above)

Postcode

Telephone number of the charity

### Step 3 – Verification of identity

It is necessary for us to verify the identity of the Charity 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 Charity or signatories have an existing account with us.

**Step 4 – Please provide details of the Correspondent and all Trustees**

*We will address correspondence to this person at this address*

Mr  Mrs  Miss  Ms  Other

Full forenames (personal names)

Surname (family name)

Date of birth

Address

Post Code

Daytime telephone number (including dialling code)

E-mail address

**Chair / Trustee**

Mr  Mrs  Miss  Ms  Other

Full forenames (personal names)

Surname (family name)

**Trustee**

Mr  Mrs  Miss  Ms  Other

Full forenames (personal names)

Surname (family name)

**Trustee**

Mr  Mrs  Miss  Ms  Other

Full forenames (personal names)

Surname (family name)

**Trustee**

Mr  Mrs  Miss  Ms  Other

Full forenames (personal names)

Surname (family name)

**Trustee**

Mr  Mrs  Miss  Ms  Other

Full forenames (personal names)

Surname (family name)

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

## Step 5 – Please confirm who will be operating 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 ..... TIN .....

Name ..... TIN .....

Name ..... TIN .....

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..... Country of Tax Residence.....

Name..... Country of Tax Residence.....

Name..... Country of Tax Residence.....

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 6 – Please tell us about your initial deposit to this account

We shall open the account with £

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

- Cheque *(please make the cheque out to ‘Kingdom Bank Ltd- charity 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 this box, if after this initial transaction you expect to make further deposits in excess of £30,000.00

## Step 7 – Expected levels of 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 to 4) times per year		
Annually or 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 8 – Interest

For Charities and/or Companies, 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 9 – 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 or Building Society name

Account name

Account number

Sort Code


## Step 10– 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 ✓

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;

Any Method    or     Post     Email     Telephone     Text Message

Please ✓ as appropriate

## Step 11 – Declaration on behalf of the Charity:

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 Charity Trustees/Directors from time to time.**

We certify that the above is a true extract from the minutes of the Charity Trustees'/Directors' quorate meeting held on .....

*If other wording is used in the minutes, please send a signed extract, not the full minutes, on headed paper with the Charity number clearly stated, signed by the Chair Person.*

For Registered Charities, we declare that this account is being opened by a Charity in respect of which exemption is granted under Section 505 (1) (c) of the Income and Corporation Taxes Act 1988. We undertake that, if the taxation status of the Charity should change, Kingdom Bank Ltd will be notified of the fact without delay. 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 Charity Trustees/Company  
Secretary**

**Date**

**Full name**

**Signed by a member of the  
Charity Trustees/Company Director**

**Date**

**Full name**

## Step 12 – Please post this application form and mandate to Kingdom Bank at the address shown

Freepost Plus RLUT-UUHS-KRSA, Kingdom Bank Ltd, Ruddington Fields Business Park, Mere Way, Ruddington, Nottingham. NG11 6JS