

SECTION B – PERSONAL DETAILS – FIRST PARTNER – TO BE COMPLETED IN ALL CASES

Personal

Title Mr Mrs Ms Miss Dr Other (Please state)

First Name

Middle Name

Surname/Last Name

Passport Number (non residents only) Country of Issue (non residents only)

If Dual Nationality Passport Number (non residents only) If Dual Nationality Country of Origin (non residents only)

Town of Birth Country of Birth

Any other name you are, or have been known by

Are you: Married To be married Single Widowed Divorced Separated Other

Date of Birth Sex: Male Female Number of dependent children

Address

(Non UK residents, please state your country of residence)

Postcode/Zipcode Date moved to address

Mother's family name (passwords for security) School name (passwords for security)

Home Tel No. Incl STD

Mobile Tel No. Incl STD

Personal Email Address

Please provide details of your previous address(es) if less than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address

Second previous address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address

Senior Partner should initial and date each page:

Initial Date

Your Home Details

Are you: Owner occupier

Living with parents

Tenant unfurnished

Other

Joint owner

Tenant furnished

Council tenant

If you own your home please give:

Estimated value of your home £ Mortgage Outstanding £

Name of Lender

Employment

Only complete if you have other paid employment.

Employment status: Senior Management Management/Professional Supervisor Skilled Semi Skilled Unskilled Junior Other

Employment type: Employed Self-employed professional Self-employed non-professional Homemaker Student Retired Part time

Temporary Employment Unemployed Other

If you are in employment/self-employed please complete

Employer's Name

Business Address

Postcode/Zipcode Employer's Tel No. Incl STD

Work Email Address

Nature of Employer's Business

Occupation

Date employment commenced How many years have you worked in the industry?

Financial (Personal)

Name of your present bank/building society

Date account opened

Sort Code Account No.

Will you keep this account open? Yes No Do you already hold any Debit Cards? Yes No

Do you have any credit cards issued by: Amex Diners Club Mastercard Visa Storecards

Have you ever: Been declared bankrupt? Yes No

Existing customer details

If you are an existing customer of Al Rayan Bank, please provide your account details.

Account Number

Account Number

Account Number

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed Date

Senior Partner should initial and date each page:

Initial Date

OTHER ACCOUNT USERS

If you would like a second partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KY C/Identification checks pursuant to money laundering regulations.

PERSONAL DETAILS – SECOND PARTNER

Personal

Title Mr Mrs Ms Miss Dr Other (Please state)

First Name

Middle Name

Surname/Last Name

Passport Number (non residents only) Country of Issue (non residents only)

If Dual Nationality Passport Number (non residents only) If Dual Nationality Country of Origin (non residents only)

Town of Birth Country of Birth

Any other name you are, or have been known by

Are you: Married To be married Single Widowed Divorced Separated Other

Date of Birth Sex: Male Female Number of dependent children

Address

(Non UK residents, please state your country of residence)

Postcode/Zipcode Date moved to address

Mother's family name (passwords for security) School name (passwords for security)

Home Tel No. Incl STD

Mobile Tel No. Incl STD

Personal Email Address

Please provide details of your previous address(es) if less than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address

Second previous address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address

Senior Partner should initial and date each page:

Initial Date

Your Home Details

Are you: Owner occupier Joint owner If you own your home please give:

Living with parents Tenant furnished Estimated value of your home £ Mortgage Outstanding £

Tenant unfurnished Council tenant Name of Lender

Other

Employment

Only complete if you have other paid employment.

Employment status: Senior Management Management/Professional Supervisor Skilled Semi Skilled Unskilled Junior Other

Employment type: Employed Self-employed professional Self-employed non-professional Homemaker Student Retired Part time

Temporary Employment Unemployed Other

If you are in employment/self-employed please complete

Employer's Name

Business Address

Postcode/Zipcode Employer's Tel No. Incl STD

Work Email Address

Nature of Employer's Business

Occupation

Date employment commenced How many years have you worked in the industry?

Financial (Personal)

Name of your present bank/building society

Date account opened

Sort Code Account No.

Will you keep this account open? Yes No Do you already hold any Debit Cards? Yes No

Do you have any credit cards issued by: Amex Diners Club Mastercard Visa Storecards

Have you ever: Been declared bankrupt? Yes No

Existing customer details

If you are an existing customer of Al Rayan Bank, please provide your account details.

Account Number

Account Number

Account Number

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed Date

Senior Partner should initial and date each page:

Initial Date

OTHER ACCOUNT USERS

If you would like a third partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KY C/Identification checks pursuant to money laundering regulations.

PERSONAL DETAILS – THIRD PARTNER

Personal

Title Mr Mrs Ms Miss Dr Other (Please state)

First Name

Middle Name

Surname/Last Name

Passport Number (non residents only) Country of Issue (non residents only)

If Dual Nationality Passport Number (non residents only) If Dual Nationality Country of Origin (non residents only)

Town of Birth Country of Birth

Any other name you are, or have been known by

Are you: Married To be married Single Widowed Divorced Separated Other

Date of Birth Sex: Male Female Number of dependent children

Address

(Non UK residents, please state your country of residence)

Postcode/Zipcode Date moved to address

Mother's family name (passwords for security) School name (passwords for security)

Home Tel No. Incl STD

Mobile Tel No. Incl STD

Personal Email Address

Please provide details of your previous address(es) if less than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address

Second previous address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address

Your Home Details

Are you: Owner occupier Joint owner If you own your home please give:

Living with parents Tenant furnished Estimated value of your home £ Mortgage Outstanding £

Tenant unfurnished Council tenant Name of Lender

Other

Employment

Only complete if you have other paid employment.

Employment status: Senior Management Management/Professional Supervisor Skilled Semi Skilled Unskilled Junior Other

Employment type: Employed Self-employed professional Self-employed non-professional Homemaker Student Retired Part time

Temporary Employment Unemployed Other

If you are in employment/self-employed please complete

Employer's Name

Business Address

Postcode/Zipcode Employer's Tel No. Incl STD

Work Email Address

Nature of Employer's Business

Occupation

Date employment commenced How many years have you worked in the industry?

Financial (Personal)

Name of your present bank/building society

Date account opened

Sort Code Account No.

Will you keep this account open? Yes No Do you already hold any Debit Cards? Yes No

Do you have any credit cards issued by: Amex Diners Club Mastercard Visa Storecards

Have you ever: Been declared bankrupt? Yes No

Existing customer details

If you are an existing customer of Al Rayan Bank, please provide your account details.

Account Number

Account Number

Account Number

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed Date

Senior Partner should initial and date each page:

Initial Date

OTHER ACCOUNT USERS

If you would like a fourth partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KY C/Identification checks pursuant to money laundering regulations.

PERSONAL DETAILS – FOURTH PARTNER

Personal

Title Mr Mrs Ms Miss Dr Other (Please state)

First Name

Middle Name

Surname/Last Name

Passport Number (non residents only) Country of Issue (non residents only)

If Dual Nationality Passport Number (non residents only) If Dual Nationality Country of Origin (non residents only)

Town of Birth Country of Birth

Any other name you are, or have been known by

Are you: Married To be married Single Widowed Divorced Separated Other

Date of Birth D D M M Y Y Y Y Sex: Male Female Number of dependent children

Address

(Non UK residents, please state your country of residence)

Postcode/Zipcode Date moved to address M M Y Y Y Y

Mother's family name (passwords for security) School name (passwords for security)

Home Tel No. Incl STD

Mobile Tel No. Incl STD

Personal Email Address

Please provide details of your previous address(es) if less than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Second previous address

(Non UK residents, please state your country of residence)

Postcode/Zipcode

Date moved to address M M Y Y Y Y

Senior Partner should initial and date each page:

Initial Date

Your Home Details

Are you: Owner occupier Joint owner If you own your home please give:

Living with parents Tenant furnished Estimated value of your home £ Mortgage Outstanding £

Tenant unfurnished Council tenant Name of Lender

Other

Employment

Only complete if you have other paid employment.

Employment status: Senior Management Management/Professional Supervisor Skilled Semi Skilled Unskilled Junior Other

Employment type: Employed Self-employed professional Self-employed non-professional Homemaker Student Retired Part time

Temporary Employment Unemployed Other

If you are in employment/self-employed please complete

Employer's Name

Business Address

Postcode/Zipcode Employer's Tel No. Incl STD

Work Email Address

Nature of Employer's Business

Occupation

Date employment commenced How many years have you worked in the industry?

Financial (Personal)

Name of your present bank/building society

Date account opened

Sort Code Account No.

Will you keep this account open? Yes No Do you already hold any Debit Cards? Yes No

Do you have any credit cards issued by: Amex Diners Club Mastercard Visa Storecards

Have you ever: Been declared bankrupt? Yes No

Existing customer details

If you are an existing customer of Al Rayan Bank, please provide your account details.

Account Number

Account Number

Account Number

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed Date

Senior Partner should initial and date each page:

Initial Date

SECTION C – PRODUCTS & SERVICES

Please indicate by ticking the box(es) which product(s) you are applying for.

Current Account On Demand Savings Account 60 Day Notice Account 90 Day Notice Account Term Deposit Account Treasury Deposit Account*

If you are enclosing a cheque(s) for deposit into your new account(s) please state amount

These products are subject to our **Business Banking Terms and Conditions**, and where applicable, **Special Conditions**. You should make sure you have received them and that you understand them and agree to be bound by them before you apply. In the case of Savings Accounts and Term Deposit Accounts please also complete the supplementary Savings and Term Deposit Account Form.

*To open a Treasury Deposit Account you will need to open a Current Account and/or a Savings Account.

SECTION D – PAYMENT OF PROFIT ON YOUR SAVINGS ACCOUNT(S)

Payment of gross profit share

You may be able to receive your profit share gross provided that you are eligible under Inland Revenue regulations and provided that the account is not a relevant deposit as set out in Section 481 of the Income and Corporation Taxes Act 1988. We may confirm your tax status with your local tax office to satisfy us that profit may be paid gross. If you are eligible, please confirm you wish to receive your gross profit by ticking the box below:

Gross

Your profit share will be paid into your savings account. If you do not want your profit share paid into this account please let us know which Al Rayan Bank account you would like this paid into, when your account(s) have been opened.

SECTION E – HOW DID YOU HEAR ABOUT AL RAYAN BANK?

Received info through post TV advert Radio advert Newspaper advert Word of mouth Recommendation by family/friend
 Through the Masjid Press article Internet search Website Other

SECTION F – MANDATE

Please indicate who you would like to operate the account. Only those persons named below will be able to sign on behalf of the Partnership

Title First Name
 Surname/Last Name
 Position Signature
Your signature must not go outside the box.

Title First Name
 Surname/Last Name
 Position Signature
Your signature must not go outside the box.

Title First Name
 Surname/Last Name
 Position Signature
Your signature must not go outside the box.

Title First Name
 Surname/Last Name
 Position Signature
Your signature must not go outside the box.

Please process transactions on the account(s) applied for on this application form on the instructions of:

Any one signature Any two signatures More than two signatures (please specify how many)

If you require a compulsory signature, please state the name of compulsory signature:

Title First Name

Surname/Last Name

Position Signature

Your signature must not go outside the box.

If you wish to have more than four signatories please complete the 'Additional Signatories' form. For a copy of this form call 0800 4086 407, visit your local branch or download this form from our website www.alrayanbank.co.uk

Please complete the 'User access level' form and return with this application form, stating the level of access required for each signatory to the account.

DATA PROTECTION AND MARKETING SECTION

Any information which you provide to us will be added to our database and used to administer your account, for statistical analysis, for debt collection and fraud prevention.

We may provide your data to third parties who are involved in the delivery of our products and services, however, we will not provide your information to third parties for marketing purposes. You may request in writing, upon payment of a fee, a copy of the details held about you by Al Rayan Bank PLC.

Keeping you informed

From time to time we'd also love to tell you about our Islamic financial services, products and any new offers that we think you'd be interested in based on the information we hold about you. If you would like to hear from us about these please tick the appropriate box(es) below so we know how you would prefer us to contact you.

Newsletter Email Post SMS Phone

If you would prefer not to hear from us with Al Rayan Bank marketing information and offers, please tick here:

You can change your preferences at any time, by writing to us at Al Rayan Bank, PO Box 12461, Birmingham, B16 6AQ. If you would like more information about how we use your information please visit our website at alrayanbank.co.uk/privacy.

IMPORTANT - YOUR PERSONAL INFORMATION

Credit decisions and also the prevention of fraud and money laundering

We may use Credit Reference Agencies (CRAs) and Fraud Prevention Agencies (FPAs) to help us make decisions. A short guide to what we do and how we, CRAs and FPAs will use your information is detailed below. If you would like to read the full details of how your data may be used, please visit our website at www.alrayanbank.co.uk, phone 0800 4086 407 or ask one of the staff in our branches. By confirming your agreement to proceed you are accepting that we may each use your information in this way.

A condensed guide to the use of your personal and business information by ourselves, CRAs and FPAs

1) When you apply to us to open an account, we will check the following records about you and your business partners:

- a) Our own.
- b) Personal and business records at CRAs. When CRAs receive a search from us, they will place a search footprint on your business credit file that may be seen by other lenders. They supply to us both public (including the electoral register) and shared credit and fraud prevention information.
- c) Records at FPAs.
- d) If you are a director, we will seek confirmation from credit reference agencies that the residential address you provide is the same as that shown on the restricted register of directors' usual addresses at Companies House.

We will make checks such as assessing this application for credit, and verifying identities to prevent and detect crime and money laundering. We may also make periodic searches at CRAs and FPAs so as to manage your account with us.

2) Information on applications will be sent to CRAs and will be recorded by them. This will include information on your business and its proprietors. CRAs may create a record of the name and address of your business and its proprietors, if there is not one already. Where you borrow from us, we will give details of your accounts and how you manage it/them to CRAs.

3) If you borrow and do not repay in full and on time, CRAs will record the outstanding debt. This information may be supplied to other organisations by CRAs and FPAs to perform similar checks, and to trace your whereabouts and recover debts that you owe. Records remain on file for 6 years after they are closed, whether settled by you or defaulted.

4) If you have borrowed from us and do not make payments that you owe us, we will trace your whereabouts and recover debts.

5) If you give us false or inaccurate information and we suspect or identify fraud, we will record this and may also pass this information to FPAs and other organisations involved in crime and fraud prevention. Law enforcement agencies may access and use this information.

6) We and other organisations also access and use this information to prevent fraud and money laundering. For example, when:

- Checking details on applications for credit and credit-related or other facilities;
- Managing credit and credit related accounts or facilities;
- Recovering debt;
- Checking details on proposals and claims for all types of insurance;
- Checking details of job applicants and employees.

7) We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

8) Your data may also be used for other purposes for which you give your specific permission or, in very limited circumstances, when required by law or where permitted under the terms of General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018.

9) Your information may be held and processed outside of the European Union and you give us explicit permission to do so.

How to find out more?

You can contact the CRAs currently operating in the UK; the information they hold may not be the same so it is worth contacting them all. They will charge you a small statutory fee.

- CallCredit, Consumer Services Team, PO Box 491, Leeds, LS3 1WZ or call 0330 024 7579 or visit www.callcreditstatereport.co.uk
- Equifax Ltd, Customer Service Centre, PO Box 10036, Leicester LE3 4FS or log on to www.equifax.co.uk
- Experian Ltd, Customer Support Centre, PO Box 9000, Nottingham, NG80 7WF or email consumer.helpservice@experian.com

Please contact us on 0800 4086 407, if you want to receive details of the relevant fraud prevention agencies.

SECTION G – IDENTIFICATION

Pursuant to money laundering legislation, we are required to obtain evidence of identification in relation to new customers. We will inform you as to what information we will require from you.

Examples of identification evidence necessary for partnerships include but are not limited to the following:

- i. Confirming the identity and address of at least two partners, one of whom should be the partner giving instructions (please see our 'Proof of Identity' leaflet for more information as to the documents we need to confirm the identity and address of individuals);
- ii. Obtaining evidence of the partnership's address; and
- iii. Obtaining the partnership's letterhead stating the names of all partners.

Please see our 'Business Proof of Identity' leaflet for more information.

Senior Partner should initial and date each page:

Initial Date

SECTION H – BASIC INFORMATION ABOUT THE PROTECTION OF YOUR ELIGIBLE DEPOSITS

Al Rayan Bank PLC is covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors if a bank is unable to meet its financial obligations. Most depositors including most individuals and businesses are covered by the scheme.

Eligible deposits in Al Rayan Bank PLC ("the Bank") are protected by	the Financial Services Compensation Scheme (FSCS)
Limit of protection	£85,000 per depositor per institution
If you have more eligible deposits at the same bank, building society or credit union	All your eligible deposits at the same bank, building society or credit union are "aggregated" and the total is subject to the limit of £85,000
If you have a joint account	The limit of £85,000 applies to each depositor separately
Reimbursement period in the event of the failure of your bank, building society or credit union	20 working days
Currency of reimbursement	Pound sterling (GBP, £) or for branches of UK banks operating in other EEA Member States, the currency of that State
To contact Al Rayan Bank PLC for enquiries relating to your account	Call: 0800 4083 084 , Monday to Friday, 9am to 7pm. Saturday, 9am to 1pm Visit: alrayanbank.co.uk Write to: Al Rayan Bank, PO Box 12461, Birmingham, B16 6AQ
To contact the FSCS for further information on compensation	Call: 0800 678 1100 Visit: fscs.org.uk Email: ict@fscs.org.uk Write to: FSCS, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU

This is the basic information about the protection of your eligible deposits. You will be provided with more information on account opening. If you would like this information in advance, please contact Al Rayan Bank using the contact details above.

SECTION I – DECLARATION & SIGNATURE

Please confirm that the following statements are true. Please note that, by signing this form you are making the following statements on behalf of the Partnership you represent and personally, on your own behalf.

- I confirm that the resolutions set out in the mandate are an accurate record of what was resolved at the meeting. I agree to supply the Al Rayan Bank with a copy of the Partnership meeting resolution authorising this account to be opened.
- I confirm that I have read and understood and agree to the information contained in this form.
- I confirm that I understand that the account applied for will be governed by the Business Banking Terms and Conditions (a copy of which I have received) and I agree to be bound by those terms.
- I confirm that that the information contained in this application is true and correct.
- I authorise Al Rayan Bank to operate banking services in accordance with the mandate and that the applicants named in this form have the relevant authority to act on behalf of the partnership in opening and operating the account(s) applied for.
- Where I have asked for profit to be paid gross, I am eligible under HMRC Regulations and declare that the account(s) applied for is/are not a relevant deposit as in section 481 of the Income and Corporation Taxes Act 1988.
- I have read the section entitled 'Basic information about the protection of your eligible deposits'. By signing this form I acknowledge that I have been provided with the basic information relating to the protection of my/our eligible deposits under the appropriate deposit guarantee scheme.

This is our application agreement upon which we intend to rely. For your own benefit and protection, you should read all the terms and conditions carefully before signing this application. If you do not understand any point please ask for further information.

PLEASE DO NOT SIGN THIS FORM UNTIL YOU HAVE TAKEN INDEPENDENT ADVICE FROM A SOLICITOR OR ACCOUNTANT IF YOU ARE IN ANY DOUBT ABOUT AGREEING TO THE TERMS

This form is signed on behalf of the partnership whose details are shown in this application form. The declaration is made personally by the people who sign it.

Signed by:

Signature of First Partner

X

Your signature must not go outside the box.

Date

Signature of Second Partner

X

Your signature must not go outside the box.

Date

Signature of Third Partner

X

Your signature must not go outside the box.

Date

Signature of Fourth Partner

X

Your signature must not go outside the box.

Date

SECTION J – WHAT TO DO NEXT

To complete our verification procedures and to comply with money laundering legislation please ensure you enclose the relevant documents and proof of identity, we cannot process your application without this information.

- Tick to confirm
- 1. Ensure you have completed and signed all relevant sections of the application form.
 - 2. Ensure you have completed the 'User account access' form.
 - 3. Ensure you have ticked to indicate which account(s) you are applying to open.
 - 4. Ensure you have enclosed all requested proof of identity documentation (please refer to the 'Businesses, Charities, Masjids & Madrasahs Proof of Identity' for guidance).*
 - 5. Sample letterhead (if you use a trading name).

For Bank use only

Branch code

Branch staff name

Signature

Date

HO Processing staff name

Signature

Date

Manager name

Signature

Date