

# REGISTERED & UNREGISTERED CHARITIES, CLUBS, SOCIETIES & STUDY GROUPS APPLICATION FORM

It is important that you complete this application form in full to enable us to offer you Banking Services. Please ensure that all applicants sign the application. Please use black ink and **BLOCK** capitals. Where applicable, please tick the appropriate box clearly. If you require help to complete the application form please call our Customer Services Centre on 0800 4086 407.

As a regulatory requirement, all UK banks must submit relevant financial account information to HMRC for reportable accounts, such as, entity type, residency and country of incorporation information. HMRC will in turn share such information with the relevant tax authorities. To enable this, you are required to complete the relevant self-certification form available from our website at alrayanbank.co.uk/tax-forms. We cannot open your account without this information. Al Rayan Bank doesn't provide tax advise and recommends that you seek a professional independent tax advice, if required.

SECTION A -	- ORG	ANIS	SATIC	N DE	ETAII	LS																							
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Nature or purpose of Organisation																													
Please set out the main																													
activities in which the organisation is involved	Ī																												$\equiv$
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If your Organisation is a Registered Charity, please specify type																													
If you are a Registered					T				1											Т	Т								
Charity please tick the b and provide details of you Charity Registration Num	our L																												
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Does your organisation has an existing bank account with Al Rayan Bank PLC?	bunt Yes No If yes, please give: Sort Code Number Number																										
Does your organisation have an existing bank account wir another bank?		'es		No		If yes	s, pleas	se give	: So	ort Code	e [							Acco Num									
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Position held within organisation																											
Passport Number (non residents only)																											
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If Dual Nationality, Country of Origin (non residents only)		Country of Issue (non residents only)  Country of Issue (non residents only)																									
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Personal Email Address																											
Please provide details																											$\overline{}$
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**Existing Organisation Bank Details** We will not contact your bank without your permission

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Employment Only complete if you have	other pa	aid em	nploym	nent.																							
Are you a Director of this Organisation?	Yes No Percentage of shares you hold  Senior Management Professional Supervisor Skilled Semi Skilled Unskilled Junior Other  Employed Self-employed professional Non-professional Non-professiona																										
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Date employment commenced	D	D	M	M	Υ	Y	Y	Y																			
Total Annual Income before	tax and	deduc	tions		£											Net N	onthly	/ Incor	ne	£							
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# PERSONAL DETAILS - SECOND AUTHORISED OFFICIAL/DIRECTOR

Personal																									
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First Name																									
Middle Name																									
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Position held within organisation																									
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Please provide details of your previous																									
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Trustee/Director/Chairperson/Secretary/Treasurer (as applicable) should initial and date each page:	Initial		Date		4 of	f 1
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Are you a Director of this Organisation?	Yes	Senior Management Supervisor Skilled Semi Skilled Junior Other Self-amplaced Self-ampl																									
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Date employment commenced	D	D	M	M	Y	Y	/ Y	Y					_														
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of paper)													paymer stered a			gage,		Yes		No							
Have you ever been declared bankrupt?	Yes		No																								
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If you are an existing custom	ner of A	l Raya	n Bank	c, plea:	se prov	ide yo	ur acco	unt de	tails. Acco	unt							1		Account								
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Trustee/Director/Chairperson/Secretary/Treasurer (as applicable) should initial and date each page: Initial Date 5 of 15

# PERSONAL DETAILS - THIRD AUTHORISED OFFICIAL/DIRECTOR

Personal									
Title Mr		Mrs		Ms		Miss		other Please state)	
First Name									
Middle Name									
Surname/Last Name									
Position held within organisation									
Passport Number (non residents only)						Country of Issue (non residents only)			
If Dual Nationality, other Passport Number (non residents only)						Country of Issue (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	То	be married	Si	ngle	Widowed	Divorced	Separated	Other
Date of Birth	D D	M	YY	YY	Sex:	Male	Female	Number of dependant ch	nildren
Address									
(Non UK residents,									
please state your country of residence)									
Postcode/Zipcode									
Date moved to address	M	Y	YY						
Mother's maiden 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									
(Non UK residents,									
please state your country of residence)									
Postcode/Zipcode					1 1				
Date moved to address	ММ	YY	YY						

Trustee/Director/Chairperson/Secretary/Treasurer (as applicable) should initial and date each page:	tial	Date		6 of 15
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Second previous address																											
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Employment Only complete if you have	other p	aid en	nployn	nent.	_																						
Are you a Director of this Organisation?	Yes No Percentage of shares you hold  Senior Management Supervisor Skilled Semi Skilled Junior Other  Employed Self-employed professional Self-employed non-professional Homemaker Student Part time																										
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Work Email Address																											
Nature of Employer's Business																							Ĺ				
Date employment commenced	D	D	M	M		/ \ \ \	Y	Y																			
Total Annual Income before	tax and	deduc	ctions		£											Net	Month	nly Inco	ome	£							
How do you receive your salary?	Chequ	ue [			Cas	sh		С	irect to	Bank			_														_
When are you paid?	Daily	[			Week	ly [		For	tnightly	,		M	lonthly														
Have you ever:			npositio al Volu				cluding	Yes		1	No			l a pro		Yes		N	0								
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on a separate sheet of paper)													paymer tered as			gage,	١	res [		No							
Have you ever been declared bankrupt?	Yes		No															L		ı							
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Signed												Date															

Date

7 of 15

Trustee/Director/Chairperson/Secretary/Treasurer (as applicable) should initial and date each page: Initial

# PERSONAL DETAILS - FOURTH AUTHORISED OFFICIAL/DIRECTOR

Personal																									
Title Mr			Mrs				М	s				Miss	;			D	)r		Oth (Ple	er ease st	ate)				
First Name																									
Middle Name																									
Surname/Last Name																									
Position held within organisation																									
Passport Number (non residents only)												Co	ountry on resi	of Issu idents	ie only)										
If Dual Nationality, other Passport Number (non residents only)												Co (n	ountry on resi	of Issu idents	ie only)										
If Dual Nationality, Country of Origin (non residents only)																									
Town of Birth												C	ountry	of Birtl	h										
Any other name you are, or have been known by																									
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(Non UK residents,																									
please state your country of residence)																									
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Trustee/Director/Chairperson/Secretary/Treasurer (as applicable) should initial and date each page:	Initial		Date		8 of 15
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DECLARATION	ON AND		NAT					1		INUITI	DC1 _				1				r	Number		1	1	1				
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Signed													Date															

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I confirm that the information	on giver	n abov	e is co	rrect at	t the da	ate of a	applica	tion																				
Signed by:																												
Signature of Director													Signature of Company Secretary/Director															
х													X															
Your signature must not go	Your signature must not go outside the box.												Υ	our sig	gnatur	e must	not g	o outs	ide the	bo x.								
Date D D M M Y Y Y													Date D D M M Y Y Y Y															

SECTION C - PERSONAL DETAILS - MAJOR SHAREHOLDERS

#### SECTION D - PRODUCTS AND SERVICES Please indicate by ticking the box which product you are applying for: Charities' Notice 60 Day Notice Treasury Deposit Everyday Fixed Term Account Saver (Issue 2) Account Savings Account Deposit Account\* Account' If you are enclosing your cheque 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 cases of Fixed Term Deposit Accounts and Treasury Deposit Accounts, please also complete the applicable instruction forms. \*Please note, to open a Fixed Term Deposit Account or a Treasury Deposit Account you will need to have or open a Current Account/Savings Account. SECTION E - PAYMENT OF PROFIT ON YOUR SAVINGS ACCOUNT(S) Payment of gross profit You may be able to receive your profit 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 will be paid into your savings account. If you do not want your profit 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 F - HOW DID YOU HEAR ABOUT AL RAYAN BANK? Recommendation Through the Masiid Received info through post Radio advert Newspaper advert Word of mouth TV advert by family/friend Press release Website Other Internet search 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. Al Rayan Bank PLC is registered as a Data Controller on the public register of Data Controllers as maintained by the Information Commissioner [Registration number Z8666062]. 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: 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 the prevailing data protection legislation. 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.callcreditstatreport.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.

Trustee/Director/Chairperson/Secretary/Treasurer (as applicable) should initial and date each page:

Initial Date

## **SECTION G - 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 organisation. If you have not supplied a certified copy of your passport, please supply a passport size photograph of yourself.

Title							First Na	ame																			
Surname/Last Name																											
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Copy documents must be certified as true copies by the Trustee/Director/Chairperson and the Secretary/Treasurer or equivalent. If your organisation is a limited company, copy documents must be certified as true copies by a minimum of one director and one secretary. Please refer to the 'Businesses, Charities, Masjids & Madrasahs Proof of Identity' leaflet for more information.

Should you have any queries or wish to amend this form please telephone 0800 4086 407. Telephone calls may be monitored and or recorded.

#### 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 bank
If you have more eligible deposits at the same bank	All your eligible deposits at the same bank are "aggregated" and the total is subject to the limit of £85,000
If you have a joint account with other person(s)	The limit of £85,000 applies to each depositor separately
Reimbursement period in case of bank failure	20 working days
Currency of reimbursement	Pound sterling (GBP, £)
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 AND SIGNATURE**

#### Declaration 1

#### To Al Rayan Bank PLC

On behalf of the Organisation named on page 1 we confirm that at a properly convened meeting of the Committee/Board or equivalent body it was resolved that:

- The Organisation wishes to open an account with Al Rayan Bank PLC (the Bank) and a copy of the Bank's Business Banking Terms and Conditions were produced at the meeting.
- The Bank's **Business Banking Terms and Conditions** are approved and the Organisation appoints the Bank as its bankers.

  The Bank will be provided with a copy of the Organisation's constitutional documents. Any changes to these documents will be advised promptly in writing to the Bank.
- The Bank will be provided with a copy of the Charity Registration document (delete if not applicable).

  The Mandate for the operation of the bank accounts, payments, payment instructions and banking services will be provided to the Bank. Amendments to the Mandate will be advised to the Bank by the Committee/Board or equivalent body.

  The Bank is instructed to act in accordance with the Mandate until such time as amended or cancelled in writing by the Committee/Board or equivalent body.
- The Bank will be advised in writing of any changes in Committee/Board or equivalent body Members or Officers of the Organisation
- The Committee/Board or equivalent body acknowledge they shall be jointly and severally liable to the Bank for any liabilities of the Organisation Instructions/requests to the Bank shall be given/signed by the signatories as notified to the bank in this form.
- 10. The organisation will, if not already, register with the Charity Commission if it is required to do so under the Charities Act and notify the Bank within 30 working days.
- 11. I/we have read the section entitled 'Basic information about the protection of your eligible deposits'. By signing this form I/we acknowledge that I/we have been provided with the basic information relating to the protection of my/our eligible deposits under the appropriate deposit guarantee scheme

We hereby certify that the above resolution is an accurate record of that passed at the meeting held on the of the Organisation.	D	D	M	M	Υ	Υ	Υ	Υ	and entered into the Minute Book
of the Organisation.									

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.

Signed by authorised officials for and on behalf of the Organisation and its Committee/Board or equivalent body Members:

Chairperson/Trustee/Di	rector																			
Title																				
First Name																				
Surname																				
	Signature X																			
	Your signature must not go outside the box.																			
	Date	D	D	M	M	Y	,	Υ	Υ	Υ										

Trustee/Director/Chairperson/Secretary/Treasurer (as applicable) should initial and date each page:	Initial		Date		13 of	15
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# Secretar y/Treasurer/Trustee/Director Title First Name Surname Signature Χ Your signature must not go outside the box. Declaration 2 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 organisation you represent and personally, 1. Weconfirm that the resolutions set out in the mandate are an accurate record of what 4. Weconfirm that the information contained in this application is true and correct. was resolved at the meeting. We agree to supply Al Rayan Bank with a copy of the Committee/Board or equivalent body resolution. We authorise Al Rayan Bank to operate banking services in account with the mandate. We confirm that the authorised officials named in this application form have the relevant authority to act on behalf of the organisation in the opening and operation Weconfirm that we have read and understood and agree to the information contained in this form. Weconfirm that we understand that the account applied for will be governed by the of these accounts. **Business Banking Terms and Conditions**and any other special conditions which mapply (a copy of which we have received) and we agree to be bound by those terms. 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 Signature of Chairperson/Trustee/Director Signature of Secretary/Treasurer/Trustee/Director X X Your signature must not go outside the box. Your signature must not go outside the box. Date Date For and on behalf of (insert name of organisation) **SECTION J - IDENTIFICATION** Examples of identification evidence necessary where the organisation is a Club, Society, Identification To open an account with Al Rayan Bank please refer to our 'Businesses, Charities, Masjids & Study Group and Unincorporated Associate and Charities in Scotland and Northern Ireland

Madrasahs Proof of Identity leaflet in relation to an individual's identity and supply the relevant documents to prove your identity and your address. Pursuant to money laundering legislation, we are also required to obtain evidence of identification in relation to Registered Charities, Clubs, Societies & Study Groups. We will inform you of what information we require from you

Examples of identification evidence necessary where the organisation is a Registered Charity (registered only in England & W ales) include, but are not limited to the following; obtaining evidence of:

- Proof of Charity Registered Charity number from the Charity Commission
- Proof of Charity address Inland Revenue tax exemption documents
- Proof of identity for Trustees please refer to the 'Businesses, Charities, Masjids & Madrasahs Proof of Identity 'leaflet
- Proof of identity for Trustees (a minimum of two is required) please refer to the 'Businesses, Charities, Masjids & Madrasahs Proof of Identity leaflet

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

Please refer to the 'Businesses, Charities, Masjids & Madrasahs Proof of Identity' leaflet for more information

SECTION	K - WHAT TO DO NEXT												
	r verification procedures and to comply wi out this information.	ith money laundering legislat	ion please en	sure you enclose the releva	ant documents and p	roof of identity, we cannot proc	ess your						
Tick to confirm													
1. Ensure you h	ave completed and signed all relevant se	ctions of the application form	1.	Ensure you have enclosed all requested proof of identity documentation (please refer to the 'Businesses, Charities & Masjids Proof of Identity' for guidance).*									
2. Ensure you ha	ave completed the 'User account access'	form.											
·	ave ticked to indicate which account(s) your request further documents in order to produce the second secon			Sample letterhead (if you use a trading name).      Completed Supplementary form if you are opening a Savings or Term Deposit Account.									
For Bank use o	only												
Branch code													
Branch staff name		HO Processing staff name			Manager name								
Signature		Signature			Signature								
Date		Date			Date								

Al Rayan Bank PLC is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Our firm reference number is 229148. Incorporated and registered in England and Wales. Registration No. 4483430.

Registered office: 44 Hans Crescent, Knightsbridge, London, SW1X 0LZ.