



It is important that you complete this application form in full to enable us to offer you Banking Services. Please ensure all applicants sign the application. Please use black ink and BLOCK capitals. In other cases, please tick clearly the appropriate box. If you require help to complete the application form please call our Customer Services Centre on 0800 4086 407. Applicants must be over 18 and at least one Director should be permanently resident in the UK.

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 advice and recommends that you seek a professional independent tax advice, if required.

SECTION A – COMPANY DETAILS

Name of entity Please note: The name you enter here will appear as the first line on your cheque book, statements and paying in books. For a Limited Company, a Limited Liability Partnership and a PLC, your registered name must appear as part of your business name (Maximum 35 characters)

Current Trading Address

Contact Name Please note: the name of entity above and the trading address must match the entity name and trading address filed with Companies House
Position held
Address
Postcode Date moved to address

Registered Address at Companies House

If different from current trading address
Postcode Date of registering the address at Companies House When did the company begin operating?

Nature of business
Please set out the main activities in which the company is involved
Tel No. Incl STD Fax No. Incl STD
Business Email Address

Type of Organisation Limited Company Public Limited Company (PLC) Limited Liability Partnership (LLP)
Registered number VAT number
Number of Directors/ Partners Annual Balance Sheet (assets total)
Please state last years turnover Anticipated turnover (if new company only)
Has the company ever: Made a composition with creditors including an Individual Voluntary Arrangement? Had a property repossessed?
Had a court order for debt registered against it? Broken any credit agreements?

Existing Business Bank Details We will not contact your bank without your permission

Does your company have an existing bank account with Al Rayan Bank PLC?
Does your company have an existing bank account with another bank?
Bank name and address
Postcode/Zipcode

Your Home Details

Owner occupier	<input type="checkbox"/>	Joint owner	<input type="checkbox"/>	If you own your home please give:	
Living with parents	<input type="checkbox"/>	Tenant furnished	<input type="checkbox"/>	Estimated value of your home	£ <input type="text"/>
Tenant unfurnished	<input type="checkbox"/>	Council tenant	<input type="checkbox"/>	Mortgage outstanding	£ <input type="text"/>
Other	<input type="checkbox"/>	Please state further details		Name of Lender <input type="text"/>	
<input type="text"/>					

Employment (Please complete in all cases whether you have paid employment at this business or at another organisation)

Do you have other paid employment? Yes No

Are you a Director/Partner of this business? Yes No Percentage of shares you hold

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

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

Other

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?

Total Annual Income before tax and deductions £ Net Monthly Income £

How do you receive your salary? Cheque Cash Direct to Bank

When are you paid? Daily Weekly Fortnightly Monthly

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 Made a composition with creditors including an Individual Voluntary Arrangement? Yes No Had a property repossessed? Yes No

(If yes is the answer to any of the following, please provide details on a separate sheet of paper) Had a court order for debt registered against you? Yes No Broken any credit agreements? Yes No

Been associated with a business that has failed to keep up repayments on a mortgage, credit card or other financial arrangement or had a court order for a debt registered against it? Yes No

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 13 of this application form.

Signed Date

PERSONAL DETAILS – SECOND DIRECTOR/ PARTNER/SIGNATORY

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 Single Widowed Divorced Separated

Date of Birth Sex: Male Female Number of dependent children

Residential address

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

Postcode/Zipcode Date moved to address

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.

If you have had more than two previous addresses, please attach details on a separate sheet 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
 Living with parents
 Tenant unfurnished
 Other
 Joint owner
 Tenant furnished
 Council tenant
 Please state further details

If you own your home please give:
 Estimated value of your home £ Mortgage outstanding £
 Name of Lender

Employment (Please complete in all cases whether you have paid employment at this business or at another organisation)

Do you have other paid employment? Yes No
 Are you a Director/Partner of this business? Yes No Percentage of shares you hold
 Employment status: Senior Management Management/Professional Supervisor Skilled Semi Skilled Unskilled Junior Other
 Employment type: Employed Self-employed professional Self-employed non-professional Retired Part time Temporary Employment
 Other

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?

Total Annual Income before tax and deductions £ Net Monthly Income £

How do you receive your salary? Cheque Cash Direct to Bank

When are you paid? Daily Weekly Fortnightly Monthly

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 Made a composition with creditors including an Individual Voluntary Arrangement? Yes No Had a property repossessed? Yes No

(If yes is the answer to any of the following, please provide details on a separate sheet of paper) Had a court order for debt registered against you? Yes No Broken any credit agreements? Yes No

Been associated with a business that has failed to keep up repayments on a mortgage, credit card or other financial arrangement or had a court order for a debt registered against it? Yes No

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 13 of this application form.

Signed Date

One Director/Partner should initial and date each page: Initial Date

PERSONAL DETAILS – THIRD DIRECTOR/PARTNER/SIGNATORY

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 Single Widowed Divorced Separated

Date of Birth Sex: Male Female Number of dependent children

Residential address

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

Postcode/Zipcode Date moved to address

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.

If you have had more than two previous addresses, please attach details on a separate sheet 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
 Living with parents Tenant furnished
 Tenant unfurnished Council tenant
 Other Please state further details

If you own your home please give:
 Estimated value of your home £ Mortgage outstanding £
 Name of Lender

Employment (Please complete in all cases whether you have paid employment at this business or at another organisation)

Do you have other paid employment? Yes No
 Are you a Director/Partner of this business? Yes No Percentage of shares you hold
 Employment status: Senior Management Management/Professional Supervisor Skilled Semi Skilled Unskilled Junior Other
 Employment type: Employed Self-employed professional Self-employed non-professional Retired Part time Temporary Employment
 Other

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?
 Total Annual Income before tax and deductions £ Net Monthly Income £
 How do you receive your salary? Cheque Cash Direct to Bank
 When are you paid? Daily Weekly Fortnightly Monthly

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 Made a composition with creditors including an Individual Voluntary Arrangement? Yes No Had a property repossessed? Yes No
 (If yes is the answer to any of the following, please provide details on a separate sheet of paper) Had a court order for debt registered against you? Yes No Broken any credit agreements? Yes No
 Been associated with a business that has failed to keep up repayments on a mortgage, credit card or other financial arrangement or had a court order for a debt registered against it? Yes No

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 13 of this application form.

Signed Date

PERSONAL DETAILS – FOURTH DIRECTOR/PARTNER/SIGNATORY

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 Single Widowed Divorced Separated

Date of Birth Sex: Male Female Number of dependent children

Residential address

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

Postcode/Zipcode Date moved to address

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.

If you have had more than two previous addresses, please attach details on a separate sheet 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 Please state further details

Employment (Please complete in all cases whether you have paid employment at this business or at another organisation)

Do you have other paid employment? Yes No

Are you a Director/Partner of this business? Yes No Percentage of shares you hold

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

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

Other

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?

Total Annual Income before tax and deductions £ Net Monthly Income £

How do you receive your salary? Cheque Cash Direct to Bank

When are you paid? Daily Weekly Fortnightly Monthly

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 Made a composition with creditors including an Individual Voluntary Arrangement? Yes No Had a property repossessed? Yes No

(If yes is the answer to any of the following, please provide details on a separate sheet of paper) Had a court order for debt registered against you? Yes No Broken any credit agreements? Yes No

Been associated with a business that has failed to keep up repayments on a mortgage, credit card or other financial arrangement or had a court order for a debt registered against it? Yes No

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 13 of this application form.

Signed Date

SECTION C – PERSONAL DETAILS – SHAREHOLDERS

Shareholder Please provide below details of all shareholders of the business.

Please provide details on a separate sheet if more than 4 shareholders.

1. Title Mr Mrs Ms Miss Dr Other (Please state)

First Name

Surname/Last Name

Nationality If Dual Nationality, other nationality

Address

Postcode/Zipcode

Daytime Tel No. Incl STD Director: Yes No % of shares held

2. Title Mr Mrs Ms Miss Dr Other (Please state)

First Name

Surname/Last Name

Nationality If Dual Nationality, other nationality

Address

Postcode/Zipcode

Daytime Tel No. Incl STD Director: Yes No % of shares held

3. Title Mr Mrs Ms Miss Dr Other (Please state)

First Name

Surname/Last Name

Nationality If Dual Nationality, other nationality

Address

Postcode/Zipcode

Daytime Tel No. Incl STD Director: Yes No % of shares held

4. Title Mr Mrs Ms Miss Dr Other (Please state)

First Name

Surname/Last Name

Nationality If Dual Nationality, other nationality

Address

Daytime Tel No. Incl STD Postcode/Zipcode

Director: Yes No % of shares held

I confirm that the information given above is correct at the date of application.

Signed by:

Signature of Director

Your signature must not go outside the box.

Date

Signature of Company Secretary/ Director

Your signature must not go outside the box.

Date

SECTION D – PRODUCTS & SERVICES

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

Current Account Everyday Saver (Issue 2) 60 Day Notice Account Term Deposit Account Treasury Deposit Account* Charities' Notice Savings 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.

^Available to Limited Companies registered as a Not For Profit organisation.

SECTION E – ACCOUNT OPERATION DETAILS

For Limited Companies and PLCs, profit will be paid gross. For Limited Liability Partnerships profit will be paid net of tax. If you think you may be eligible to receive Profit gross, please read the section below and tick the box.

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 F – 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 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 business.

Please check with a member of staff for the issue of a debit card.

Title First Name

Surname/Last Name

Position

Signature

X

Your signature must not go outside the box.

Title First Name

Surname/Last Name

Position

Signature

X

Your signature must not go outside the box.

Title First Name

Surname/Last Name

Position

Signature

X

Your signature must not go outside the box.

Title First Name

Surname/Last Name

Position

Signature

X

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

X

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 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 (if applicable).



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:

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 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.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 H – 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 a Limited Company, a Limited Liability Partnership and a PLC include, but are not limited to the following; obtaining evidence of:

a. incorporation (e.g. constitutional documents such as Memorandum of Association/Articles of Association or Members Agreement/incorporation certificate

b. registered number

c. registered office address

d. list of directors (including address details)

e. list of shareholders (including address details)

f. the identity and address of one executive director or controlling shareholder

g. for non-resident directors, a certified copy of your passport and residential address is required, and these must be certified by a bank

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

SECTION I – 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 J – DECLARATION & SIGNATURE

LIMITED COMPANY / LIMITED LIABILITY PARTNERSHIP / PLC

Declaration 1

To be completed in all cases. The two signatures must be completed by different people.

1. It has been resolved that Al Rayan Bank be appointed to act as our bankers for the account applied for in this form.
2. Al Rayan Bank is authorised to accept this application form as binding on our company, provided that the form is signed on our behalf.
3. We confirm that the above form is an accurate record of what was resolved at the meeting, held on Date
4. We confirm that the authorised officials named in this application form have the relevant authority to act on behalf of the company in the opening and operating of these accounts.

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

Signed by:

Signature of Director

X

Your signature must not go outside the box.

Date

Signature of Secretary/Company Secretary/Director

X

Your signature must not go outside the box.

Date

Declaration 2

To be completed in all cases.

1. I have read a copy of the Business Banking Terms and Conditions (a copy of which I have received) and agree to be bound by its terms.
2. I authorise Al Rayan Bank to operate this/these account(s).
3. 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 defined in Section 481 of the Income and Corporation Tax Act 1988.
4. The information contained in this form is true and correct.
5. 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.

This form is signed on behalf of the business whose details are shown in this form. In all cases the declaration is made personally by the person who signs it.

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 business whose details are shown in this application form.

Signed by:

Signature of First Director/ Partner

X

Your signature must not go outside the box.

Date

Signature of Second Director/ Partner/Secretary

X

Your signature must not go outside the box.

Date

Signature of Third Director/ Partner

X

Your signature must not go outside the box.

Date

Signature of Fourth Director/ Partner

X

Your signature must not go outside the box.

Date

For Bank use only

Branch Code

Branch Staff Name

Signature

Date

HO Processing Staff Name

Signature

Date

Manager Name

Signature

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.