

# PLC / LIMITED COMPANY / LIMITED LIABILITY PARTNERSHIP APPLICATION FORM

1 of 14

Date

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

SECTION A -	COM	PAN	IY D	ETA	ILS																						
Name of entity					u ente r I name												ing in b	ooks. I	or a Li	nited (	Compai	ny, a L	imited L	iability	Partne	rship	
		. 20, )		,010/0				ao pare			Joo Hall				lactoro												
Current Trading Addres	s																										
Contact Name	Pleas	e note	: the na	ame o	f entity	above	and th	e trad	ing add	dress m	nust m	atch th	ne entit	y name	e and t	trading	g addre	ess filed	d with 0	Compa	anies H	louse					
Position held																											
Address					İ																						
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Registered Address at Companies House					Π	Ι												Ι		Г		Π					
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	Date of registering the address at Companies House    Date of registering the address at Companies House   M M Y Y Y Y When did the company begin operating?   M M Y Y Y   Manual																										
Postcode		address at Companies M M Y Y Y Y When did the company begin operating? M M Y Y														Υ	Υ										
		registering the address at Companies																									
Nature of business	Companies																										
Please set out the		address at Companies M M Y Y Y Y When did the company begin operating? M M Y Y																									
main activities in which the company																											=
is involved			T		_			<u> </u>				1							<u> </u>	<u> </u>		<u> </u>	<del></del>	<del></del>			=
Tel No. Incl STD					<u> </u>								Fax N	o. Incl S	STD						<u> </u>		<u> </u>				$\sqsubseteq$
Business Email Address																											
Type of Organisation	Lin	nited (	Compai	ny				Public	c Limite	d Com	pany (	PLC)			Lir	mited	Liabilit	y Partn	ership	(LLP)		]					
Registered number									VAT	numb	er																
Number of			1					l T						nnual I	Palanc												$\square$
Directors/ Partners				Num	ber of (	employ	/ees							neet (a:			£										
Please state last years turnover	£												tı	nticipa ırnover	r (if nev		£										
Has the company ever:	Made	a com	nositio	an with	n credit	ore inc	luding					_	C	ompan;							7						
(If yes is the answer to	an Inc	dividua	al Volu	ntary	Arrang	ement	iuuiiig	Yes		N	0				a prop ssesse		Yes		No								
any of the following, please provide details on			orde r		bt ,	/es		No					y credi	t Ye:	, [		No										
a separate sheet of paper)	registe	ere d a	igainst	it?				110			agre	ement	:s?	10.	L												
Existing Business Bank		ls V	Ve will	not co	ontact	your b	ank wi	thout	your p	ermiss	ion																
Does your company have a existing bank account with Al Rayan Bank PLC?		es [		No		If yes	s, pleas	e give	: Sc	ort Cod	le							Acco Num									
Does your company have a existing bank account with		'es		No		If yes	s, pleas	e give	: Sc	ort Cod	le	Ī	T					Acco Num					T				
another bank?				l I															1		<u> </u>	I	<u> </u>			I	
Bank name and address			<u></u>	<u> </u>			<u> </u>	<u> </u>															<u> </u>	<u> </u>			Щ
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One Director/Partner should initial and date each page:

Initial

All Directors/Partners/Signatories must complete the application form.

If you require more than four Directors/Partner/Signatories please contact ourCustomer Services Centre on 0800 4086 407.

SECTION B -P	ERSO	NAL	DET	AILS	– FIR	ST I	DIRE	СТОІ	R/ PA	RTN	ER/S	IGN/	ATOR	Y – T	ОВІ	E CO	MPL	ETE	) IN	ALL	CAS	ES				
Personal																										
Title	Mr				Mrs				Ms				Miss				Dr			Oth (Ple	er ease sta	ate)				
First Name																										
Middle Name																										
Surname/Last Name																										
Passport Number (non residents only)														ountry on res												
If Dual Nationality Passport Number (non residents only)																ality Co reside										
Town of Birth													Co	ountry	of Birt	th										
Any other name you are, or have been known by																										
Are you:	Mar	ried			Singl	e _		W	idowe	d [		D	ivorce	d		Se	parate	ed _								
Date of Birth	DDMMYYYYY Sex: Male Female Number of dependent children																									
Residential address																										
(Non UK residents, please state your country of residence)																										
Postcode/Zipcode	Date moved to address M M Y Y Y Y  School name																									
Mother's maiden name (passwords for security)																										
Home Tel No. Incl STD												М	obile Te	el No. I	ncl STI	D										
Personal Email Address																										
	Please	e provid	de deta	ails of y	our pr	evious	addres	s(es) if	less th	an 3 ye	ears at	your cı	urrent a	ıddress	5.											
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)																										
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Postcode/Zipcode																										
Date moved to address	M	M	Υ	Υ	Υ	Υ																				

Director/Partner should initial and date each page:	Initial	0	Date		2 of 14
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Ten	nant unfurr	nished					Counc	il tena	nt				Nam	e of Le	nder													
		Othe	er _		P	lease s	tate fu	rther d	etails																			
Employment	(Please co	mplete	in all o	ases w	hether	you ha	ave pai	d empl	oymer	nt at th	is busi	ness or	at ano	ther or	ganisa	tion)												
Do you have othe		ployme	ent?	Yes		No							ı															
Are you a Director of this business?	r/Partner	Yes		No			ercenta nares y	ge of ou hold	t																			
Employment statu	us:	Senior Manag		ıt			ageme ssiona			Supe	rvisor		SI	killed		Sem Skill			Unskille	ed		Junior		Otl	ner			
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	ork Email Address  ature of Employer's																											
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Occupation																												
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Total Annual Incor	me befor e	tax and	l dedu	ctions	•	£	•	•	•						-		Net M	onthly	/ Incom	е	£							
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When are you paid	d?	Daily			١	Neekly			Fort	nightly	,		Mo	onthly														
Financial (Pers	-																											
Name of your pres bank/building soc																												
Date account oper	ned	D	D	M	M	Υ	Υ	Υ	Υ																			
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Will you keep this account open?		Yes		No			o you ebit Ca	already ards?	/ hold	any	Yes		No															
Do you have any o cards issued by:	credit	Amex			Diners	Club			Master	card			Visa			S	toreca	rds										
Have you ever:		Been o		ed Y	'es		No		N	Made a n Indi	comp	ositior Volunt	with o	credito rangen	rs incli nent?	uding	Yes		No				prope sessed		Yes		No	
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DECLARATIO	ON AND				ппапо	.iai alfi	angeii)	ont Uf	iiau di	wuit (	nuel l	or a ue	or ieg	isicieu	ugallì	JE IL!												
I have read, unde	erstand an	ıd agre	e to th	e stat	ement	s mad	e in th	e Data	Prote	ctio n	and N	larketir	ng sec	tion or	n page	e 13 of	this ap	oplica	tion fo	rm.								
Signed													Date															
						One D	irecto	r/Partr	ner sho	ould ir	nitial a	ınd dat	e eacl	ı page	:	Initial					Da	te				;	3 of	14

## PERSONAL DETAILS - SECOND DIRECTOR/ PARTNER/SIGNATORY

Personal																											
Title	Married Single Wdowed Divorced Separated Number of dependent children  Sex: Male Female Number of dependent children  Date moved to address M M Y Y Y Y  School name (passwords for security)  Mobile Tel No. Incl STD  Please provide details of your previous address(es) if less than 3 years at your current address.																										
First Name																											
Middle Name																											
Surname/Last Name																											
Passport Number (non residents only)																											
If Dual Nationality Passport Number (non residents only)													lf of	Dual N Origin	lationa (non	ility Co reside	ountry nts on	ly)									
Town of Birth													Co	ountry	of Birt	h											
Any other name you are, or have been known by																											
Are you:	Marı	ried			Single			Wi	dowed			Di	vorced			Se	parate	d									
Date of Birth	D	D	M	M	Υ	Υ	Υ	Υ			Sex:		Male			Fema	ile							epend	ent		
Residential address																											
(Non UK residents, please state your																											
country of residence)																											
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Postcode/Zipcode										ate m	oved to	o addr	ess	M	M	Тү		/   Y	ΙΥ				l	1		l	
Mother's maiden name													Sch	lool na	 me		Г										_
(passwords for security)													(pa	ssword	ls for s		,) [				<u> </u>						$\sqsubseteq$
Home Tel No. Incl STD												Mo	obile Te	el No. Ir	ncl STE	)											
Personal Email Address																											
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If you have had more than two previous addresses,	Please	provid	ie deta	iis oi y	our pre	vious	address	s(es) III	ess th	an 3 ye	ars at y	our cu	irrent a	laaress													
please attach details on a separate sheet of paper.																	I	I					I	I			
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### **Your Home Details** Are you: Owner occupier If you own your home please give: Joint owner Estimated value Mortgage Living with parents Tenant furnished of your home outstanding Tenant unfurnished Name of Lender Council tenant Other Please state further details **Employment** (Please complete in all cases whether you have paid employment at this business or at another organsiation) Do you have other paid employment? No Are you a Director/Partner Percentage of shares you hold of this business? Senior Management/ Semi Unskilled Other Employment status: Junior Supervisor Skilled Professional Skilled Tempora ry Self-employed Self-employed Retired Part time Employment type: Employed professional non-professional Employment Other Employer's Name Business Address Postcode/Zipcode Employer's Tel No. Incl STD Work Email Address Nature of Employer's Business Occupation How many years have you worked in the industry? Date employment commenced £ £ Total Annual Income before tax and deductions Net Monthly Income How do you receive Cheque Direct to Bank Cash your salary? Monthly When are you paid? Daily Weekly Fortnightly Financial (Personal) Name of your present bank/building society Date account opened Sort Code Account No Will you keep this Do you already hold any No Yes No Yes account open? Debit Cards? Do you have any credit Mastercard Storecards Amex Visa Diners Club cards issued by: Made a composition with creditors including Been declared Had a property Have you ever: an Individual Voluntary Arrangement? bankrupt? repossessed? (If yes is the answer Had a court order for debt Broken any credit to any of the following, Yes No No please provide details registere d against you? on a separate sheet Been associated with a business that has failed to keep up repayments on a mortgage, of paper) credit card or other financial arrangement or had a court order for a debt registered against it? **DECLARATION AND SIGNATURE**

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

Signed	Date	

Date

## PERSONAL DETAILS - THIRD DIRECTOR/ PARTNER/SIGNATORY Personal Other Mr Ms Dr Mrs Miss Title (Please state) First Name Middle Name Surname/Last Name Passport Number Country of Issue (non residents only) (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 Separated Are you: Married Single Widowed Divorced Number of dependent children Date of Birth Sex: Male Female Residential address (Non UK residents, please state your country of residence) Postcode/Zipcode Mother's maiden name (passwords for security) Home Tel No. Incl STD Personal Email Address Please provide details of your pr 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, country of residence)

Postcode/Zipcode

Date moved to address

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## Your Home Details

Are you: Owne	r occupier					Joint o	wner				If yo	u own	your h	ome p	olease g	give:										
Living wi	th parents				Tenar	nt furni	shed		]			timate your h	d value iome	£							lorgag utstan		£			
Tenant u	nfurnished				Co	uncil te	nant				Nam	ne of Le	ender													
	Other		Plea	ise state	furthe	r detail	s																			
Employment (P																										
Do you have other paid er	lease comple			No	you na	ive paid	a empi	oymen	it at trii	is busii	iess or	at ano	ner org	Jansiai	.1011)											
Are you a Director/Partner of this business?	Yes	N		_l ∏ P€	ercenta nares y		b																			
Employment status:	Senior Managem	nent			ageme essiona			Supe	ervisor		SI	killed		Sem Skill			Jnskill	ed		Junior		Otl	ner			
Employment type:	Employed	d [			lf-empl ofession					f-empl n-profe				ı	Retired			F	Part tim	ne				pora ry oloymer	nt	
	Other																									
Employer's Name				Ι																						
Business Address		<u> </u>		<u> </u>						l		<u> </u>							<u> </u>	<u> </u>	<u> </u>	<u> </u>	 		l	
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Postcode/Zipcode		İ		Ī					•	•	Empl	oyer's	Tel No.	Incl S	TD											
Work Email Address		$\pm$		<u> </u>																						
WOLK EITHII Address				<u> </u>																			<u></u>			
Nature of Employer's Business																										
Occupation																										
Date employment commenced	D D	) [	VI IV	Y	Y	Υ	Υ					rs have														
Total Annual Income before	e tax and de	duction	ns	£						JINCU I			у.		Net M	onthly	Incom	ne	£							
How do you receive your salary?	Cheque			Cash	n [		D	irect to	Bank			_														
When are you paid?	Daily		Ī	Weekly	, [		Fort	nightly	, [		Mo	onthly														
Financial (Personal)			_																							
Name of your present bank/building society																										
Date account opened	D D	) [	VI N	I Y	Y	Υ	Υ															1				
Sort Code						7	Acco	ount N	0.			$\neg$														
Will you keep this account open?	Yes		No		o you Debit Ca		/ hold	any	Yes		No	)														
Do you have any credit cards issued by:	Amex		Dine	rs Club			Master	card			Visa		_	S	toreca	rds										
Have you ever:	Been decl		Yes		No [		N a	Made a an Indi	ı comp vidual	ositior Volunt	n with o	credito ranger	rs inclu nent?	uding	Yes		No			Had a			Yes		No	
(If yes is the answer to any of the following, please provide details	Had a cou			ebt	Yes		No				en any ement	/ credit s?	Yes	6	N	No [			•							
on a separate sheet of paper)	Been asso													st it?	Yes		No									
DECLARATION AN						01	u	(						. ,			_									
I have read, understand a	nd agree to	the s	tatemer	ıt s mad	e in th	e Data	Prote	ctio n	and M	arketir	ng sec	tion o	n page	13 of	this ap	oplica	tion fo	rm.								
Signed											Date															
				One [	Directo	r/Partr	ner sho	ould in	itial a	nd dat	e each	page	:	Initial					Da	ite				7	7 of 1	14

## PERSONAL DETAILS - FOURTH DIRECTOR/PARTNER/SIGNATORY Personal Other (Please state) Title Mrs Mr First Name Middle Name Surname/Last Name Passport Number Country of Issue (non residents only) (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 Widowed Are you: Married Divorced Separated Number of dependent children Date of Birth Sex: Male Female Residential address (Non UK residents, please state your country of residence) Postcode/Zipcode Mother's maiden name (passwords for security) Home Tel No. Incl STD Personal Email Address Please provide details of your pr 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, country of residence)

Postcode/Zipcode

Date moved to address

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Your Home Details Are you: Own	er occupier				Joi	int ow	ner		]		If yo	u own	your ho	ome	please	give:										
•	ith parents					nt furni	L					Estimat of your	ed value	£	;							gage tanding	£			
Tenant u	nfurnished					ncil ter	L		]			ne of L		F							outs	unung	<u>'                                    </u>		_	
	Other		Ple	ase stat	e further	r detail	ls																			
Employment (F	Please comp	lete in al	l cases v	whethe	you hav	re paid	l employ	ymen	t at thi	s busir	ness or	at ano	ther orga	ansia	tion)										_	
Do you have other paid er	nployment?	Yes		No																						
Are you a Director/Partner of this business?	Yes	No			rcentag ares you																					
Employment status:	Senior Managen	nent [			agement ssional	t/	(	Super	rvisor		Sł	killed		Sem Skill			Unski	lled		Junio	r	Otl	her			
Employment type:	Employed	d			f-employ fessiona					emplo profes	oyed ssiona	ı		ı	Retired				Part tin	ne [				porary loyme		
	Other																									
		_	_	1				_									_	1			1					
Employer's Name		<u> </u>	<u> </u>				_						4				L								L	
Business Address																										
Postcode/Zipcode																										
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Nature of Employer's Business																										
Occupation																										
Date employment commenced	D		1 M	Υ	Υ	Υ	Υ		How	w mar rked ii	ny yea n the i	rs have ndustr	you y?													
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How do you receive your salary?	Cheque			Cash			Dire	ect to	Bank					_												
When are you paid?	Daily			Weekly			Fortni	ghtly			Мо	onthly														
Financial (Personal)  Name of your present								-									_									
bank/building society																									L	
Date account opened	D [		/	Y	Υ	Υ	Υ																			
Sort Code							Accou	ınt No	).																	
Will you keep this account open?	Yes	N	0		o you al ebit Car		hold ar	ny	Yes		No															
Do you have any credit cards issued by:	Amex		Diner	s Club		M	lasterca	ard			Visa			St	toreca	ırds										
Have you ever:	Been dec bankrupt		Yes		No		Ma an	ade a Indiv	compo ridual \	osition /olunt	with o	credito rangen	rs includ nent?	ling	Yes		N	0			a prope		Yes		No	
(If yes is the answer to any of the following, please provide details on a separate sheet	Had a cou registere	d agains	t you?		Yes		No [			agree	ements		res		1	No										
of paper)	Been asso credit care	d or oth	er finan											:?	Yes		N	0								
DECLARATION AN			fi	nancial																						
I have read, understand a	nd agree to	the sta	atemen	t s mad	e in the	Data	Protecti	io n a	ind Ma	arketin	ig sec	tion or	page 1	.3 of	this a	pplica	ation f	orm.								
Signed											Date															

Initial

One Director/Partner should initial and date each page:

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Date

### SECTION C - PERSONAL DETAILS - SHAREHOLDERS

Please provide below details of all shareholders of the business.

Shareholder

Please provide details on a separate sheet if more than 4 shareholders. Other (Please state) 1. Title Mr Ms Miss Dr First Name Surname/Last Name Nationality If Dual Nationality, other nationality Address Postcode/Zipcode Daytime Tel No. Incl STD Director: No % of shares held Other 2. Title Mr Mrs Miss Dr (Please state) First Name Surname/Last Name If Dual Nationality, other nationality Nationality Address Postcode/Zipcode Daytime Tel No. Incl STD Director: No % of shares held Yes Other (Please state) 3. Title Mr Mrs Ms Miss Dr First Name Surname/Last Name Nationality If Dual Nationality, other nationality Address Postcode/Zipcode Daytime Tel No. Incl STD Director: No % of shares held

4. Title	Mr			N	⁄lrs			N	VIs			М	iss				Dr			Othe (Ple	er ase sta	te)					
First Name																											
Surname/Last Name																											
Nationality											If	Dual l	Nationa	ality, ot	ther na	ational	lity										
Address																											
																Po	stcode,	/Zipco	de								
Daytime Tel No. Incl STD													Direct	or:	Yes			N	0		%	of sh	ares he	ld			
I confirm that the information	n give	n abov	e is co	orrect a	at the	date of	applica	tion.																			
Signed by:	Signature of Company Secretary/ Director  X  X																										
Signature of Director	X																										
X	go outside the box.  Your signature must not go outside the box.																										
Your signature must not go	outsid	tside the box. Your signature															not go	o outsi	de the	box.							
Date D D M	M	Υ	Υ	Υ	Υ								D	ate	D	D	M	M	Υ	Y	Y	Y					
	signature must not go outside the box.  Your signature must not go outside the box.																										
SECTION D – F																											
Please indicate by ticking the	ne box(	es) wh	ich pro	oduct(s	s) you	are app	olying fo	r:																			
Current Account		veryda aver (Is		)		60 Day Accour	Notice nt				m Dep count	oosit			reasur .ccoun		osit				Notice ccount	<u>*</u> ^					
If you are enclosing a chequ	ıe(s) foı	r depos	it into	your r	iew ac	count(s	) please	state	e amou	unt		£															
These product s are subjective You should make sure you please also complete the s	have i	receive	d ther	m and	that y	ou und	derstand	the	m and	d agree								the c	ase of	Saving	gs Acc	ounts	and Te	rm De	posit A	Accour	nts
*To open a Treasury Depo ^Available to Limited Comp									it and/	oraS	avings	Ассо	unt.														
SECTION E – A	CCO	UNT	OPE	RATI	ON E	ETAI	ILS																				
For Limited Companies and section below and tick the		profit	will be	paid g	gross. F	or Lim	ited Lia	bility	Partne	erships	profit	will be	e paid	net of	tax. If	you th	nink yo	u may	be elig	gible t	o recei	ve Pro	ofit gros	ss, plea	ase rea	d the	
Payment of gross profit You may be able to receive of the Income and Corporat recieve your gross profit by Gross	your p tio n Ta:	rofit sh xes Act	t 1988	We m																							
Your profit share will be p paid into, when your accou					ount. If	f you d	lo not v	vant	your p	orofit s	share p	oaid in	nto this	accou	unt ple	ease le	et us kr	now w	hich A	al Raya	an Ban	k acco	ount yo	ou wo	uld like	this	
SECTION F – H	low	DID '	YOU	HEA	RAE	OUT	AL R	AYA	AN B	ANK	?																
Received info through pos	t		TV a	dvert			Radio a	adver	rt		News	spaper	r adver	t		Wo	ord of r	nouth			Recon	nmend	dation	by far	nily/fri	end	
Through the Masjid		Press	s articl	e [		Int	ernet se	earch	_		Wel	bsite		]	Othe	er											
				L										_		_											

### **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 Signature Position X Your signature must not go outside the box. Title First Name Surname/Last Name Signature Position X Your signature must not go outside the box. Title First Name Surname/Last Name Signature Position X Your signature must not go outside the box. Title First Name Surname/Last Name Signature Position 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: More than two signatures Any one signature Any 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 Signature Position 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).

One Director/Partner should initial and date each page:	Initial	Date	12 of 14

## 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.
   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.

### 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

- incorporation (e.g. constitutiona I document s such as Memorandum of Association/Articles of Association or Members Agreement/incorporation certificate
- b. registere d number

- registered office address
- list of directors (including address details) list of shareholders (including address details) d.
- the identity and address of one executive director or controlling shareholder
- for non-resident directors, a certified copy of your passport and residential address g. 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: <b>0800 4083 084</b> , Monday to Friday, 9am to 7pm. Saturday, 9am to 1pm Visit: <b>alrayanbank.co.uk</b> Write to: <b>Al Rayan Bank, PO Box 12461, Birmingham, B16 6AQ</b>		
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 Ravan Bank using the contact details above

One Director/Partner should initial and date each page:	Initial	Date	13 of 14
One Director/Partner should initial and date each page:	miliai	Date	13 01 14

### SECTION J - DECLARATION & SIGNATURE

### LIMITED COMPANY / LIMITED LIABILITY PARTNERSHIP / PLC

### Declaration 1

To be complete d in all cases. The two signatures must be complete d 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.
- ${\it 3.} \ \ {\it We confirm that the above form is an accurate record of what was resolved at the meeting , held on }$

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 TAK	CEN INDEPENDENT ADVICE	E FROM A SOLICITOR OR ACCOUN	IANI IF YOU ARE IN ANY	DOUBT ABOUT AGREEING TO THE TERMS
Signed by:				
Signature of Director		Signature of Secre	ary/Company Secretary/D	irector
х		X		
Your signature must not go outside the box.		Your signature mu	st not go outside the box.	
Date D D M M Y Y Y Y	]	Date D D	MMYY	/ Y Y
Declaration 2				
To be complete d in all cases.  1. I have read a copy of the Business Banking Terms are	and Conditions (a copy of whi	ah I haya rassiyad) and agrae to be	hound by ita tarma	
I authorise Al Rayan Bank to operate this/these acco		cirrilave received) and agree to be	bound by its terms.	
3. Where I have asked for profit to be paid gross, I am e		ions and declare that the account(s)	applied for is/are not a re	elevant deposit as defined in
Section 481 of the Income and Corporation Taxed Ad	ct 1988.			
4. The information contained in this form is true and cor				
<ol><li>I/we have read the section entitled 'Basic information basic information relating to the protection of my/our</li></ol>				t I/we have been provided with the
This form is signed on behalf of the business whose deta	ails are shown in this form. In	all cases the declaration is made po	ersonally by the person w	ho signs it.
This is our application agreement upon which we intend to lf you do not understand any point please ask for further it.		and protection, you should read all t	he terms and conditions	carefully before signing this application.
PLEASE DO NOT SIGN THIS FORM UNTIL YOU HAVE TAK		E FROM A SOLICITOR OR ACCOUN	TANT IF YOU ARE IN ANY	DOUBT ABOUT AGREEING TO THE TERMS
This form is signed on behalf of the business whose details a	are shown in this application f	orm.		
Signed by:				
Signature of First Director/ Partner		Signature of Secon	d Director/ Partner/Secreta	rv
Signature of this Director, Farther		Signature or secon	a birectory rartifely occident	· y
X		X		
Your signature must not go outside the box.		Your signature mu	st not go outside the box.	
Date D M M Y Y Y Y	]	Duty D D		/
Date D D N N N N		Date D D	IVI IVI T	TTT
Signature of Third Director/ Partner		Signature of Fourt	n Director/ Partner	
X		X		
Your signature must not go outside the box.		Your signature mu	st not go outside the box.	
Date D D M M Y Y Y	]	Date D	MMYY	YYY
For Bank use only				
Branch Code				
Branch Staff	HO Processing		Manager	
Name	Staff Name		Name	
Signature	Signature		Signature	
Poto	J 224-			
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.