



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.

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)

[illegible][illegible][illegible][illegible]

Postcode

Date of registering the address at Companies House

When did the company begin operating?

[illegible]

Please set out the main activities in which the company is involved	

[illegible][illegible]

Type of Organisation	Limited Company		Public Limited Company (PLC)		Limited Liability Partnership (LLP)	
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[illegible]

Number of Directors/ Partners		Number of employees					Annual Balance Sheet (assets total)	£
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Please state last years turnover	£	Anticipated turnover (if new)	£
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Has the company ever: 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 it?		Yes	No	Broken any credit agreements?		Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

[illegible]

Does your company have an existing bank account with another bank? Yes ☐ No ☐ If yes, please give: Sort Code Account Number

[illegible]

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

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

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

Personal

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please state) <input type="text"/>
First Name	<input type="text"/>					
Middle Name	<input type="text"/>					
Surname/Last Name	<input type="text"/>					
Passport Number (non residents only)	<input type="text"/>			Country of Issue (non residents only)	<input type="text"/>	
If Dual Nationality Passport Number (non residents only)	<input type="text"/>			If Dual Nationality Country of Origin (non residents only)	<input type="text"/>	
Town of Birth	<input type="text"/>			Country of Birth	<input type="text"/>	
Any other name you are, or have been known by	<input type="text"/>					
Are you:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Number of dependent children <input type="text"/>

Residential address

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

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode/Zipcode	Date moved to address <input type="text"/>
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	
<input type="text"/>	
<input type="text"/>	
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.	
<input type="text"/>	
<input type="text"/>	
<i>(Non UK residents, please state your country of residence)</i>	
<input type="text"/>	
Postcode/Zipcode	
Date moved to address	<input type="text"/>
Second previous address	
<i>(Non UK residents, please state your country of residence)</i>	
<input type="text"/>	
<input type="text"/>	
Postcode/Zipcode	
Date moved to address	<input type="text"/>

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"/>	Mortgage outstanding	£ <input type="text"/>
Tenant unfurnished	<input type="checkbox"/>	Council tenant	<input type="checkbox"/>	Name of Lender	<input type="text"/>		
Other	<input type="checkbox"/>	Please state further details <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

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other (Please state)	<input type="text"/>																				
First Name	<input type="text"/>																															
Middle Name	<input type="text"/>																															
Surname/Last Name	<input type="text"/>																															
Passport Number (non residents only)	<input type="text"/>												Country of Issue (non residents only)	<input type="text"/>																		
If Dual Nationality Passport Number (non residents only)	<input type="text"/>												If Dual Nationality Country of Origin (non residents only)	<input type="text"/>																		
Town of Birth	<input type="text"/>												Country of Birth	<input type="text"/>																		
Any other name you are, or have been known by	<input type="text"/>																															
Are you:	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>																						
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Number of dependent children	<input type="text"/>	<input type="text"/>

Residential address

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

(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.

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

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

(Non UK residents, please state your country of residence)																												
Postcode/Zipcode																												
Date moved to address	M	M	Y	Y	Y	Y																						
Second previous address																												
(Non UK residents, please state your country of residence)																												
Postcode/Zipcode																												
Date moved to address	M	M	Y	Y	Y	Y																						

Your Home Details

Are you:	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"/>	Mortgage outstanding	£ <input type="text"/>
	Tenant unfurnished	<input type="checkbox"/>	Council tenant	<input type="checkbox"/>	Name of Lender	<input type="text"/>		
	Other	<input type="checkbox"/>	Please state further details		<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

One Director/Partner should initial and date each page:

Initial Date

PERSONAL DETAILS – THIRD DIRECTOR/PARTNER/SIGNATORY

Personal

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please state) <input type="text"/>
First Name	<input type="text"/>					
Middle Name	<input type="text"/>					
Surname/Last Name	<input type="text"/>					
Passport Number (non residents only)	<input type="text"/>				Country of Issue (non residents only)	<input type="text"/>
If Dual Nationality Passport Number (non resident's only)	<input type="text"/>				If Dual Nationality Country of Origin (non residents only)	<input type="text"/>
Town of Birth	<input type="text"/>			Country of Birth	<input type="text"/>	
Any other name you are, or have been known by	<input type="text"/>					
Are you:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Number of dependent children <input type="text"/>

Residential address

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

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode/Zipcode	Date moved to address <input type="text"/>
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	
<input type="text"/>	

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)

<input type="text"/>	
<input type="text"/>	
Postcode/Zipcode	
Date moved to address	<input type="text"/>
Second previous address	<input type="text"/>
(Non UK residents, please state your country of residence)	<input type="text"/>
<input type="text"/>	
Postcode/Zipcode	
Date moved to address	<input type="text"/>

Your Home Details

Are you:	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"/>	Name of Lender <input type="text"/>			
	Please state further details		<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

One Director/Partner should initial and date each page:

Initial Date

Your Home Details

Are you:

Owner occupier ☐

Joint owner ☐

If you own your home please give:

Living with parents ☐

Tenant furnished ☐

Estimated value of your home £

Mortgage outstanding £

Tenant unfurnished ☐

Council tenant ☐

Name of Lender

Other ☐

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	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other (Please state)	<input type="text"/>			
First Name	<input type="text"/>														
Surname/Last Name	<input type="text"/>														
Nationality	<input type="text"/>				If Dual Nationality, other nationality				<input type="text"/>						
Address	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>								Postcode/Zipcode		<input type="text"/>				
Daytime Tel No. Incl STD	<input type="text"/>								Director: Yes		<input type="checkbox"/>	No	<input type="checkbox"/>	% of shares held	<input type="text"/>

2. Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other (Please state)	<input type="text"/>			
First Name	<input type="text"/>														
Surname/Last Name	<input type="text"/>														
Nationality	<input type="text"/>				If Dual Nationality, other nationality				<input type="text"/>						
Address	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>								Postcode/Zipcode		<input type="text"/>				
Daytime Tel No. Incl STD	<input type="text"/>								Director: Yes		<input type="checkbox"/>	No	<input type="checkbox"/>	% of shares held	<input type="text"/>

3. Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other (Please state)	<input type="text"/>			
First Name	<input type="text"/>														
Surname/Last Name	<input type="text"/>														
Nationality	<input type="text"/>				If Dual Nationality, other nationality				<input type="text"/>						
Address	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>								Postcode/Zipcode		<input type="text"/>				
Daytime Tel No. Incl STD	<input type="text"/>								Director: Yes		<input type="checkbox"/>	No	<input type="checkbox"/>	% of shares held	<input type="text"/>

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 <div>X</div> <div>Your signature must not go outside the box.</div>				

[illegible]

Title											First Name																				
Surname/Last Name																															
Position																Signature	<div style="border: 1px solid black; height: 80px; display: flex; align-items: center; justify-content: center; font-size: 48px; font-weight: bold;">X</div>														

Your signature must not go outside the box.

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

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:

[illegible]

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 alravanbank.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:

- Our own.
- 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.
- Records at FPAs.
- 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:

- incorporation (e.g. constitutional documents such as Memorandum of Association/Articles of Association or Members Agreement/incorporation certificate)
- registered number

- registered office address
- list of directors (including address details)
- list of shareholders (including address details)
- the identity and address of one executive director or controlling shareholder
- 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.

- It has been resolved that Al Rayan Bank be appointed to act as our bankers for the account applied for in this form.
- Al Rayan Bank is authorised to accept this application form as binding on our company, provided that the form is signed on our behalf.
- We confirm that the above form is an accurate record of what was resolved at the meeting, held on Date

D	D	M	M	Y	Y	Y	Y
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- 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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Secretary/Company Secretary/Director

X

Your signature must not go outside the box.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Declaration 2

To be completed in all cases.

- 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.
- I authorise Al Rayan Bank to operate this/these account(s).
- 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.
- The information contained in this form is true and correct.
- 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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Second Director/ Partner/Secretary

X

Your signature must not go outside the box.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Third Director/ Partner

X

Your signature must not go outside the box.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Fourth Director/ Partner

X

Your signature must not go outside the box.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

For Bank use only

Branch Code

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Branch Staff Name

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Signature

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Date

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HO Processing Staff Name

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Signature

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Date

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Manager Name

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Signature

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Date

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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.

One Director/Partner should initial and date each page:

Initial

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Date

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