

MASJID/MADRASAH APPLICATION FORM

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 have a UK registered address.

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 -	MASJ	IID/N	1ADF	RAS	AH DI	ETAI	LS																						
Masjid/Madrasah Name	Please	e note:	The n	ame y	ou ente	r here	will a	ppear	as t	he first	t line	on you	r chequ	ie book	, state	ments	and pay	ing in	books	(Maxin	num 3	5 char	acters)					
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Annual turnover	£															ual Bala t (asset		£											
Telephone No. Incl STD															Fax 1	No. Inc	STD												
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Previous Masjid/Madra	asah A	ddre	ss																										
If your Masjid/Madrasah has been at the current address																											T		
for less than 3 years please supply previous address(es) for this period. If you have				Ī	Ī	Ì	T	Ť						Ì	Ì	Ī		T	Ī	Ì					Ī	Ī	\exists		
had more than one previous address, please attach details on a separate sheet of paper.		<u> </u>		T	<u> </u>	 	$\frac{\perp}{\perp}$	$\frac{\perp}{\perp}$			Π			+	<u> </u>	<u> </u>		T	<u> </u>	 					$\frac{\perp}{\perp}$	$\frac{\perp}{\perp}$	ᆿ		
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Does your Masjid/Madrasah have an existing bank accou	ınt Yes	, [\neg	No		If yes	, plea	ıse giv	/e:	(Sort C	Code								count mber				Ι	T	Τ	$\overline{\top}$		$\overline{}$
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SECTION B - PERSONAL DETAILS - FIRST AUTHORISED OFFICIAL - TO BE COMPLETED IN ALL CASES

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Title	Mr				Mrs				N	1s			Mis	s				Dr		Oth (Ple	er ease st	ate)					
First Name																											
Middle Name																											
Surname/Last Name																											
Passport Number (non residents only)													Co (no	untry on resi	of Issuidents	ie only)											
If Dual Nationality Passport Number (non residents only)																ality Co reside											
Town of Birth													Co	untry	of Birt	h											
Any other name you are, or have been known by																											
Are you:	Marı	ried			To I	oe mar	ried			S	ingle			Wido	wed			Divo	rced			Sepa	rated			Other	
Date of Birth	D	D	M	M	Υ	Υ	Υ	Υ			Sex:		Male			Fema	ile					Numb	er of d	epend	ent		
Address																											
Address																											
(Non UK residents, please state your country of residence)																											
Postcode/Zipcode									Da	ate m	oved to	addre	ess	M	M	Υ	Y	Υ	Υ		•	•	•				
Mother's family name* (passwords for security)												Sch (pa	nool na sswor	ame*	r seci	urity)											
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)																											
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country of re																											
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DECLAR	ATION AND	SIG	NAT	URE																							
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Signed													Date														

PERSONAL DETAILS - SECOND AUTHORISED OFFICIAL

 $Additional\ users\ to\ the\ account\ will\ be\ subject\ to\ KYC/Identification\ checks\ pursuant\ to\ money\ laundering\ legislation.$

Personal			,				_								_			_									
Title	Mr				Mrs				Ms				Mis	S				r		Oth (Ple	er ase st	ate)					
First Name																											
Middle Name																											
Surname/Last Name																											
Passport Number (non residents only)													Co (n	ountry on res	of Issuidents	ue only)											
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Town of Birth													Co	ountry	of Birt	th											
Any other name you are, or have been known by																											
Are you:	Mar	ried			То	be ma	rried			(Single			Wido	wed			Divor	ced			Sepai	rated			Other	
Date of Birth	D	D	M	M	Υ	Y	Y	Y	/		Sex:		Male			Fema	ale [Numb childre	er of den	lepend	ent		
Address						1	ı		1							ı						ı					
Address																											
(Non UK residents, please state your country of residence)																											
Postcode/Zipcode										Date n	noved t	o addr	ess	M	M	Υ	Υ	Υ	Υ								
Mother's family name* (passwords for security	,											Sc (pa	hool r asswo	name*	r sec	urity)											
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	M	M	Υ	Υ	Υ	Υ																					

Chairperson & Secretary should initial and date each page:

Second previous address																											
(Non UK residents, please state your country of residence)																											
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Occupation																											
Date employment commenced	D	D	M	M	Υ	Y	Y	Y			1	Total Ar	nual I	ncome	before	tax an	d dedu	ıctions		£							
Have you ever been declared bankrupt?	Yes		No																								
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Signed												Date															
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PERSONAL DETAILS – THIRD AUTHORISED OFFICIAL

 $Additional\ users\ to\ the\ account\ will\ be\ subject\ to\ KYC/Identification\ checks\ pursuant\ to\ money\ laundering\ legislation.$

Personal			1				_				_				_			_				i					
Title	Mr				Mrs				Ms				Mis	is				Dr		Oth (Ple	er ase sta	ate)					
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Middle Name																											
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Passport Number (non residents only)														ountry on resi													
If Dual Nationality Passport Number (non residents only)													If of	Dual N Origin	lationa (non	ality C	ountry	lv)									
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Any other name you are, or have been known by																											
Are you:	Mar	ried			To I	be mai	rried			S	ingle			Widov	wed			Divor	ced			Sepai	rated			Other	
Date of Birth	D	D	M	M	Υ	Y	Y	Y			Sex:		Male			Fema	le					Numb childre	er of d	epend	ent		
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(Non UK residents, please state your country of residence)																											
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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.						<u> </u>		<u> </u>	<u> </u>							l					<u> </u>	 					
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	M	M	Υ	Υ	Υ	Υ																					

Second previous address																										
(Non UK residents, please state your																										
country of residence)																										
Postcode/Zipcode																										
Date moved to address	M	M	Υ	Υ	Υ	Υ																				
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Work Email Address																										
Nature of Employer's Business																										
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PERSONAL DETAILS - FOURTH AUTHORISED OFFICIAL

 $Additional\ users\ to\ the\ account\ will\ be\ subject\ to\ KYC/Identification\ checks\ pursuant\ to\ money\ laundering\ legislation.$

Personal			,				_			_				_				_				,					
Title N	۸r				Mrs				Ms				Miss				Dr			Oth (Ple	er ase sta	ate)					
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Middle Name																											
Surname/Last Name																											
Passport Number (non residents only)													Co (n	ountry on res	of Issuidents	ue only)											
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Town of Birth													Co	ountry	of Birt	th											
Any other name you are,						Ι				Γ	П					_											
or have been known by																											
Are you:	Mar	ried			То	be ma	rried			S	ingle			Wido	wed			Divor	rced			Separ	ated		Oth	er	
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(Non UK residents, please state your country																											
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Postcode/Zipcode										ate m	oved to	o addr	ess	M	M	Υ	Υ	Υ	Υ								
Mother's maiden name	. г											7 Sc	hool r	ame*												_	
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Personal Email Address																											
Please provide details of your previous address(es)																											
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country of residence)																										
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Date moved to address	M	M	Υ	Υ	Υ	Υ																				
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Employment status:	Senior Manage	ement	i			ageme essiona			Supe	ervisor		Sł	killed		Sem Skill			Unskill	ed	Junior		Otl	her			
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Work Email Address																										
Nature of Employer's Business																										
Occupation																										
Date employment commenced	D	D	M	M	Y	Y	Y	Y		Tota	al Annu	ial Inco	ome be	fore tax	x and d	leducti	ons	£		I						
Have you ever been declared bankrupt?	Yes		No																							
Existing customer deta		ayan E	Bank, į	please	provid	e your	accoun	nt detail	s.																	
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DECLARATION AND	SIGN	IATU	JRE																							
I have read, understand ar	nd agree	to th	e stat	ement	ts mad	de in t	he Dat	ta Prot	ection	and N	/larketi	ng sed	ction o	n page	e 11 o	f this	applic	ation f	orm.							
Signed													1							- 1						

SECTION C - P	ROD	UCTS	S ANI	D SE	RVIC	ES																					
Please indicate by ticking	the bo	x whi	ch pro	duct y	ou are	e appl	ying fo	r:																			
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If you are enclosing your	cheque	e plea	se sta	te am	ount	£																					
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SECTION D -	PAYI	MEN.	T OF	PRO	FIT C	ON Y	OUR	SAVI	NGS	ACC	OUN'	T(S)															
Payment of gross profit sl												. 5															
You may be able to receive Section 481 of the Income eligible, please confrm ho	e and (Corpo	ration	Taxes	s Act 1	988.	Confrr	nation	of you	ur tax :																	
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have been opened.	aid ii ii	your	Saving	ys acc	Journ.	ii you	i would	iike y	oui pi	OIL SIIC	are to	be pa	ia iiito	a une	i Cill 7	n raye	iii Dai	ik acci	ount,	picase	ten u	S WIICI	i you	i accor	III(3)		
SECTION E -	HOW	/ DIE	YOU	J HE	AR A	BOU	IT AL	RAY	AN E	BANK	?																
Received info through post			Radio	adver	t		News	oaper	advert		W	ord of	f mout	h		Rec	omme	ndatio	n by f	amily/1	friend			Throug	h the	Masjid	I
Press article Int	ernet s	earch			Websi	te		oth	er 🗌																		
SECTION F - N	1AND	ATE																									
Please indicate who you we	ould lik	ke to d	perate	the a	ccount	. Only	/ those	persor	ns nan	ned be	low wi	II be a	ble to	sign o	n beł	alf of t	he Ma	asjid/M	adras	ah							
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Initial

Please process transactions	on the	e acco	unt(s)	applie	ed for a	n this	applic	ation t	form o	n the i	nstru	ctions o	of:														
Any one signature					Ar	ny two	signat	ures						Mo	ore tha	an two	signat	ures				Pl	ease sp	pecify	how m	iany [
If you wish to have more the website www.alrayanbank.c Please complete the 'User ac	o.uk																				l branci	h or do	wnloa	d this	form fr	rom ou	r
SECTION G - C	ORR	ESPO	ONDE	ENCE	– AL	L AC	COU	NTS																			
Correspondence will be ser If you would like to have yo																											
Name																											
Alternative correspondence address																											
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a DATA PROTEC	TION	AND	MAI	RKE1	ΓING	SEC1	TION																				
Any information which you	provid	le to u	s will b	oe add	ed to c	ur data	abase	and us	sed to	admin	ister y	our ac	count,	for sta	tistica	l analy	sis, foi	debt (collect	ion an	d frauc	l preve	ention.				
We may provide your data You may request in writing															ve will	not pro	ovide y	our in	format	ion to	third p	arties t	or mar	rketing	j purpo	ses.	
Keeping you informed																											
From time to time we'd als would like to hear from us																		ereste	d in ba	ased o	n the i	nforma	ation w	e hold	l about	you. If	you
Newsletter	Ema	il		Post			SMS		F	hone																	
If you would prefer not to h	ear fro	m us	with Al	l Raya	n Banl	marke	eting i	nforma	ition a	nd offe	rs, pl	ease tio	k here	e:													
You can change your prefe Al Rayan Bank PLC is regi more information about ho	stered	as a [Data C	ontroll	er on t	he pub	olic reg	jister o	of Data	Contr	ollers	as ma	intaine			rmatio	n Com	missio	ner [R	egistra	ation n	umber	Z8666	3062].	If you	would l	like
IMPORTANT - Y	OUR	PER	SON	AL IN	NFOR	MAT	ION																				
Credit decisions and also We may use Credit Referer information is detailed below our branches. By confirming	nce Ag w. If yo	encies u wou	(CRAs	s) and to read	Fraud the fu	Prever	ntion A	gencie ow you	ır data	may b	e use	d, plea	se visi	t our we	ebsite	at www										he staf	f in
A condensed guide to the u													iness į	oartners	s:												
a) Our own.b) Personal and business resupply to us both public (inc														print or	n your	busine	ss cre	dit file t	that ma	ay be s	seen b	y other	lender	rs. The	еy		
c) Records at FPAs. d) If you are a director, we		ek conf	firmatio	on from	n credit	refere	nce aç	gencies	s that t	he res	identia	al addre	ess yo	u provid	de is th	ne sam	e as th	at sho	wn on	the re	stricted	l regist	er of d	irector	rs' usua	ıl	
addresses at Companies H We will make checks such and FPAs so as to manage	as ass				ion for	credit,	and ve	erifying	identi	ties to	preve	nt and	detect	crime a	and mo	oney la	underi	ng. We	e may	also m	ake pe	eriodic	search	ies at (CRAs		
Information on application address of your business at	ns will nd its p	be ser proprie	nt to CF tors, if	RAs ar there i	is not c	ne alre	eady. \	Vhere	you bo	orrow fi	rom u	s, we w	ill give	details	of yo	ur acco	ounts a	nd hov	v you r	manag	e it/the	m to C	CRAs.			d	
If you borrow and do not checks, and to trace your w	hereat	outs a	and rec	cover d	lebts th	at you	owe.	Record	ds rem	ain on	file fo	r 6 yea	rs afte	r they a	re clos	sed, wh) perfo	rm sim	ıilar		
 If you have borrowed from If you give us false or inate fraud prevention. Law enfort 	ccurat	e infor	mation	and w	ve susp	ect or	identif	y frauc	i, we v								ion to	FPAs a	and oth	ner org	ganisat	ions in	volved	in crin	ne and		
6) We and other organisationChecking details on application	ons als cations	o acce for cre	ess and edit and	d use tl d credi	his info t-relate	rmatio	n to pr	event f	fraud a	and mo	ney la	aunderi	ng. Fo	r exam	ple, wł	nen:											
Managing credit and crediRecovering debt;Checking details on propo						ouron																					
Checking details of job ap We and other organisati	plicant	s and	employ	yees.				the in	format	tion red	ordeo	l bv fra	ud pre	vention	agen	cies.											
8) Your data may also be useful the prevailing data protection 9) Your information may be	ised fo ction le	r other gislatio	purpo on.	ses fo	r which	you g	ive yo	ur spec	cific pe	rmissio	on or,	in very	limite	d circun	nstand		en req	uired b	y law	or whe	ere pen	mitted	under f	the ter	ms		
How to find out more? You can contact the CRAs	currer	ntly on	erating	g in the	e UK: t	he info	rmatic	n thev	hold i	may no	ot be t	he sam	ne so i	t is wor	th con	ntactino	them	all. Th	ney will	l charc	ge you	a sma	ıll statu	itory fe	ee.		
CallCredit, Consumer Se Equifax Ltd, Customer Se Experian Ltd, Customer Se Please contact us on 0800	ervice (Suppor	Centre t Cent	e, PO E re, PO	Box 10 Box 9	036, L 9000, N	eiceste lotting	er LE3 ham, I	4FS o	r log o 7WF o	on to w or emai	ww.e I cons	quifax.c sumer.h	co.uk nelpse	rvice@													
SECTION H -	IDEN	NTIFI	CATI	ON																							
Identification																											

Identification

To open an account with Al Rayan Bank please refer to our Business relevant Proof of Identity leaflet in relation to an individual's identity and supply the documents to prove your identity and your address. Pursuant to money in laundering legislation, we are also required to obtain evidence of identification relation to the Masjid/Madrasah. We will inform you of what information we

will require from you. Examples of identification include but are not limited to evidence of your Masjid/Madrasah's name and address and Committee minutes or equivalent document authorising the opening of the account.

For existing customers, we will only need verification of your name.

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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 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

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.
- Al Rayan Bank is authorised to accept this application form as binding on the Masjid/Madrasah, 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	Υ	Υ	Υ	Υ

- 4. We confirm that the authorised officials named in this application form have the relevant authority to act on behalf of the Masjid/Madrasah in the opening and
- 5. I have read the section entitled 'Basic information about the protection of your eligible deposits'. By signing this form I acknowledge that I have been provided with the basic information relating to the protection of my/our eligible deposits under the appropriate deposit guarantee scheme.

Signed by:

Signature of Chairperson

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		T T		

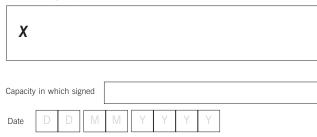
 Date
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Declaration 2

Only to be completed if the Masjid/Madrasah is a charity. The two signatures must be completed by different people.

 I declare that the account(s) applied for is/are not a relevant deposit as defined in section 481 of the Income and Corporation Taxes Act 1988. (We may confirm your tax status with your local tax office to ensure that your profit share may be paid gross).

Authorised Signatory



Signature of Secretary

X								
Date	D	D	M	M	Υ	Υ	Υ	Υ

- I declare that the Masjid/Madrasah is a charity and so is exempt under section 505(1) of the Income and Corporation Taxes Act 1988.
 I undertake to inform you immediately, if the taxation status of the
- I undertake to inform you immediately, if the taxation status of the Masjid/Madrasah changes.

This declaration should be signed by a director, secretary or chairperson or by a person authorised to sign on behalf of the Masjid/Madrasah.

Authorised Signatory

X										
Capacity	/ in wh	nich się	gned							
Date	D	D	M	M	Υ	Υ	Υ	Υ		

Declaration 3

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

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

- 1. We confirm that the resolutions set out in the mandate are an accurate record of what was resolved at the meeting. We agree to supply Al Rayan Bank with a copy of the Committee resolution or equivalent document.
- 2. We confirm that we have read and agree to the information contained in this form.
- 3. We confirm that we understand that the account applied for will be governed by the Masjid/Madrasah Banking Terms and Conditions and any other special terms notified to you (a copy of which we have received) and we agree to be bound by those terms.

 4. We confirm that the information contained in this application is true and correct.
- We authorise Al Rayan Bank PLC to operate banking services in accordance with the mandate.

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	T SIGN THIS FORM	UNTIL YOU	U HAVE	TAKI	EN INDEF	PENDENT	ADV	ICE FI	ROM	A SC	LICITO	R OR	ACC	OUNT	TANT	IF Y	OU A	RE I	N AN	Y DO	UBT A	BOUT	AGR	EEING	3 TO 7	THE TERMS
Signed by:																										
Signature of Cha	airperson											Signat	ure o	f Secr	retary	/										
X												X														
Date D	D M M	Y	Υ	Υ								Date) [D	M	V		Υ	Υ	Υ	Υ				
For and on behal	If of (insert name of	Masjid/Mac	drasah)																							
SECTION	K – WHAT TO I	DO NEXT																								
To complete our v	verification procedure	es and to cor	mply wit	h mor	ey launde	ering legis	lation	please	e ensı	ure y	ou encl	ose th	e rele	evant o	docu	ment	s and	proc	f of ic	lentity	, we c	annot _l	proces	s you	ır appli	ication
without this inform	nation.																									
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Ensure you have	ve completed and sig	ned all relev	vant sec	tions	of the app	lication fo	rm.																			
		,								[
2. Ensure you hav	ve completed the 'Us	ser account a	access'	form.						Į																
3. Ensure you hav	ve ticked to indicate	which accou	ınt(s) yo	u are	applying t	o open.																				
	ve enclosed all requenarities, Masjids & M						refer t	to the																		
5. Sample letterhe	ead (if you use a trac	ding name).																								
For Bank use on	ıly																									
Branch code																										
Branch staff name					НО Б	Processing staff name	g e									Ma	nage									
Signature						Signature	e									Sig	natur	е _								
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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.

Initial	Date	BMAF ARBV16 0121