

PARTNERSHIPS 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 – BUSINESS DETAILS

Business Name

Pleas	se not	e: The	name	e you	enter I	here v	vill app	oear a	s the f	first lin	e on y	our ch	neque	book,	state	ments	and p	paying	in bo	oks (n	naxim	um 35	chara	(cters)					

Current Business Address

Contact Name: Unless otherwise stated all correspondence will be sent to the contact name at this address (maximum 35 characters)

Contact Name: Unless othe	erwise s	tated a	all corre	espon	aence	will be:	sent to	the co	ntact r	name a	at this a	addres	is (ma)	amum	35 CN2	aracter	s)	_					 			
Position held																										
Address																										
Postcode/Zipcode									Dat	e mov	ed to a	ddress	s	M	M	Y	Y	Y	Y]				I		
Previous Business Add	ress				1								I			L	1	1]						
If your business has been at the current address for																										
less than 3 years please supply previous address(es) for this period. If the																										
business has had more than one previous address, please attach details on														I 	I 			I 		I 		I 				
a separate piece of paper.									Dat	e mov	d to a	ddrocu		D.A.	M		\vee	Y	V	I]						
Postcode/Zipcode												uures	°	\mathbb{M}	IVI	T	T	Ť	I							
When did the business begin operating?	\mathbb{M}	\mathbb{N}	Y	Y	Y	Y				nual Ba et (ass		al)	£													
Nature of business																										
Tel No. Incl STD] Fa	ax No.	Incl ST	D											
Business Email Address																										
VAT number]		mber	of /Partn	ers]	Numt	per of e	mploy	ees				
Type of business	Owne	d			wned	with		1	•	_							_									
premises	outrig				nortgag			Pr	operty	value	£							Mort	gage o	utstan	ding	£				
	Name	of len	der																				 			
	Rente	d			Lease	d		Office	e at hc	ome		0	ther													
						Turr	nover f	or last	year	£							Antic throu	ipated gh the	annua accou	l turno nt(s)	ver	£				
Existing Business Bank	Detai	ls W	/e will	not co	ontact y	our ba	nk witl	hout yo	our pei	rmissio	n															
Does your business have ar existing bank account with Al Rayan Bank PLC?		es 🗌		No [lf yes	, pleas	se give:	So	ort Cod	e							Accou Numl								
Does your business have ar existing bank account with another bank?		es		No [lf yes	, pleas	se give:	So	ort Cod	e							Accou Numl								
Bank name and address																										
Postcode/Zipcode																		1		1		1		I	1	

Date

SECTION B - PERSONAL DETAILS - FIRST PARTNER - TO BE COMPLETED IN ALL CASES

Personal																											
Title	Mr				Mrs				Ms				М	iss				Dr		Oti (Pl	ner ease st	ate)					
First Name																											
Middle Name																											
Surname/Last Name																											
Passport Number (non residents only)															of Issu idents												
If Dual Nationality Passport Number (non residents only)															lationa (non i			y)									
Town of Birth													Сс	ountry	of Birt	h											
Any other name you are, or have been known by																											
Are you:	Mai	rried]	To t	oe mar	ried]	Si	ngle			Wido	wed]	Divo	rced]	Separ	ated]	Other	
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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)																										\square	
ifl ess than 3 years at your current address. If you have had more than																											
two previous addresses, please attach details on a separate piece of paper.								 																			
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Tenant ur	nfurnished		Council tena	ant		Nam	ie of Lenc	der											
	Other																		
Employment Only complete if you have of	ther paid employmen	ıt.																	
Employment status:	Senior Management		agement/ essional	Sup	ervisor	Sk	killed		emi killed	U	Inskilled		Junio	r	Oth	ner			
Employment type:	Employed		employed essional		Self-employ non-profess			Hom	emaker		Stud	lent		Retire	Ŀ		Part	time	
	Temporary Employment	Ur	employed		Other														
	If you are in emp	oloyment/self-ei	mployed plea	ase complete															
Employer's Name																			
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Nature of Employer's Business																			
Occupation																			
Date employment commenced		M M Y	Y Y	Y		any year in the ir	rs have y	ou					1					1	
Financial (Personal)							,												
Name of your present bank/building society																			
Date account opened	DDN	M M Y	ΥΥ	Y															
Sort Code				Account N	0.														
Will you keep this account open?	Yes N		o you already ebit Cards?	/ hold any	Yes	No													
Do you have any credit cards issued by:	Amex	Diners Club		Mastercard		V	/isa		Storecar	rds									
Have you ever:	Been declared bankrupt?	Yes	No																
Existing customer det		please provide y	our account d	etails.															
	Account Number																		
	Account Number																		
	Account Number																		
DECLARATION AN	D SIGNATURI																		
I have read, understand a	ind agree to the sta	itements made	in the Data I	Protection ar	ıd Marketin	g sectior	n on page	e 11 of	this appl	lication	form.								

Date

Date

Initial

OTHER ACCOUNT USERS If you would like a second partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KY C/Identification checks pursuant to money laundering regulations.

PERSONAL	DETAILS –	SECOND	PARTNER
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Personal			_				_											_									
Title	Mr				Mrs				Ms				Mis	s			Dr			Oth (Ple	ier ease st	ate)					
First Name																											
Middle Name																											
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Any other name you are, or have been known by																											
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Date of Birth	D	D	\mathbb{M}	M	Y	Y	Y	Y			Sex:		Male			Fema	le					Numb childre	er of de en	epend	ent		
Address																											
(Non UK residents, please state your country of residence)																											
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Mother's maiden name (passwords for security)														ool nar ssword		ecurity)										
Home Tel No. Incl STD																											
Mobile Tel No. Incl STD																											
Personal Email Address																											
Please provide details of your previous address(es)																							1				\square
ifl ess than 3 years at your current address. If																											
you have had more than two previous addresses, please attach details on																							 				
a separate piece of paper. (Non UK residents,																											
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Oti	her						L]
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Name of your present bank/building society																											
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Do you have any credit cards issued by:	Amex			Diners	s Club			Maste	rcard				Visa		S	torecai	rds										
Have you ever:	Been bankr	declare upt?	ed y	'es		No																					
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Date

Date

Initial

5 of 13

OTHER ACCOUNT USERS If you would like a third partmer to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KY C/Identification checks pursuant to money laundering regulations.

PERSONAL DE	TAILS	S – T	HIRD	PA	RTNE	R																					
Personal																											
Title Mr				N	Irs			I	Ms				Miss]		Dr			Oth (Ple	er ease sta	ate)					
First Name																											
Middle Name																											
Surname/Last Name																											
Passport Number (non residents only)														ountry on resi													
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Town of Birth													Co	ountry	of Birtl	h											
Any other name you are, or have been known by																											
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Home Tel No. Incl STD																											
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you have had more than two previous addresses,																											
please attach details on a separate piece of paper.																											
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Are you: Owner occupier					Joint	owner				I	lf you d	own yo	ur horr	e pleas	se give):											
Living with parents				Ten		nished						ted val home		£]		ortgage utstanc		ł	E				
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Other																											
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Business Address																											Ι
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Nature of Employer's Business																											
Occupation																											Τ
Date employment commenced	D	D	M	\mathbb{N}	Y	Y	Y	Ý					irs hav ndustr														
Financial (Personal)																											
Name of your present bank/building society																											
Date account opened	D	D	M	M		Y	Y	/ Y																			
Sort Code								Acco	 ount N	o. [
Will you keep this	ц Г						alread	y hold a	inv	L																	
account open? Do you have any credit	Yes		No			ebit Ca				Yes		No															
cards issued by:	Amex			Diners	Club			Maste	rcard			,	Visa		S	torecar	ds										
Have you ever:	Been de bankrup		d Ye	es		No																					
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DECLARATION AND	SIGN	ATU	RE																								
I have read, understand an	d agree t	to the :	stater	ments	made	in the	Data	Protect	ion an	d Mar	keting	sectio	n on p	age 11	. of th	is appl	icatior	n form.									
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Date

Initial

Date

7 of 13

OTHER ACCOUNT USERS If you would like a fourth partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KY C/Identification checks pursuant to money laundering regulations.

PERSONAL	DETAILS -	FOURTH	PARTNER
LICOUNAL	DEIAILO	10010111	

Personal	_				_										_												
Title Mr				N	1rs			N	ls				Miss				Dr			Otł (Pl	ner ease st	ate)					
First Name																											
Middle Name																											
Surname/Last Name																											
Passport Number (non residents only)														untry o on resi													
If Dual Nationality Passport Number (non residents only)													If I of	Dual N Origin	ationa (non r	lity Co esider	untry Its only	/)									
Town of Birth													Сс	untry o	of Birth	n [
Any other name you are, or have been known by																											
Are you:	Mari	ried			To t	oe mar	ried			Si	ngle]	Widov	wed			Divor	ced]	Separ	ated			Other	
Date of Birth	D	D	\mathbb{M}	\mathbb{M}	Y	Y	Y	Y			Sex:		Male			Fema	le					Numb childre		epende	ent		
Address																											
(Non UK residents, please state your country of residence)																											
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Personal Email Address																											
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you have had more than two previous addresses, please attach details on																											
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Your Home Details							_																			
Are you: Owner occupier				Joint	owner					-	-		ne plea	se give	e:		_				_					
Living with parents			Ter	nant fu	rnished								£					N O	lortgag utstan	je ding		£				
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Employment Only complete if you have oth	er paid em	ployment.																								
Employment status:	Senior Managei	ment			agemer essiona			Supe	ervisor		SI	killed					Unskill	ed		Junior		Ot	her			
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Financial (Personal)																										
Name of your present bank/building society																										
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Date account opened	DI	DM	\mathbb{M}	Y	Y	Y	Y																			
Sort Code							Ассо	unt N	o. [
Will you keep this account open?	Yes	No					hold a	ny	Yes		No															
Do you have any credit cards issued by:	Amex		Diners	Club			Master	card			Ņ	Visa		St	torecar	ds										
Have you ever:	Been dee bankrup		′es		No																					
Existing customer deta If you are an existing custome		an Bank. p	lease p	rovide \	our acc	ount de	etails.																			
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	Account	t 🗌			Initial Elimated value 0 eterant Name of Lander generet/ Supervisor generet/ Supervisor stilled Stilled enclored Stilled generet/ Supervisor stilled Stilled generet/ Supervisor stilled Junior enclored Stilled enclore																					
	Account Number																									
DECLARATION AND) SIGN/	ATURE			1		I																			

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed	
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Date

Date

Initial

SECTION C – P	ROD	υстя	S & S	ERV	ICES																						
Please indicate by ticking the box(es) which product(s) you are applying for.																											
Current Account			veryda aver (l		2)			Day N ount	otice				erm De					Trea: Acco	sury D ount*	eposit							
If you are enclosing a cheque	e(s) for	depos	it into y	our ne	ew acco	ount(s)) please	e state :	amour	it		£															
These products are subject to our Business Banking Terms and Conditions , and where applicable, Special Conditions You should make sure you have received them and that you understand them and agree to be bound by them before you apply. In the case of Savings Accounts and Term Deposit Accounts please also complete the supplementary Savings and Term Deposit Account Form.																											
*To open a Treasury Deposit Account you will need to open a Current Account and/or a Savings Account.																											
SECTION D – P	AYM	ENT	OF P	ROF			UR SA	AVIN	GS A	ссо	UNT	(S)															
Payment of gross profit You may be able to receive a of the Income and Corporat recieve your gross profit by Gross Your profit share will be pa paid into, when your account	your pr ion Tax ticking id into	rofit sh tes Act g the b your s	: 1988 iox belo avings	. We n ow: accou	nay coi	nfirm y	your ta:	x statu	s with	your lo	ocal ta:	x office	to sat	isfy us '	that p	profit n	nay be	paid §	gross. I	f you a	ire elig	ible, j	please	confir	m yoı		
SECTION E – H	ow	DID	YOU	HE	AR A	BOU	T AL	RAY	AN E	BANK	</td <td></td>																
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Through the Masjid		Pres	s artic	le		Ir	nternet	search			W	ebsite			Oth	er											
SECTION F – N	IAND	ATE																									
Please indicate who you wo	uld like	e to op	erate t	he acc	count. (Only th	nose pe	rsons	namec	l below	/ will b	e able	to sign	ı on beł	nalf of	the Pa	rtnersl	hip									
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Senior Partner should initial and date each page:

Your signature must not go outside the box.

Date

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Please process transactions on the account(s) applied for on this application form on the instructions of:

	Any o	ne sigr	nature						Any tv	vo sigr	natures	6					n two pecify							
If you require a compulsor	y signat	ure , pl	lease s	tate th	ne nam	e of co	mpuls	ory si	gnatur	e:														
Title						Fi	rst Nar	ne																
Surname/Last Name																								
Position														Si	gnatur	9						 	 	
															X									
														Yo	ur sig	nature	must r	not go	outsid	le the	hox.			

If you wish to have more than four signatories please complet e 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 www.alrayanbank.co.uk

Please complete the 'User access level' form and return with this application form, stating the level of access required for ea ch signatory to the account

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 AI 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
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If you would prefer not to hear from us with AI 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 E

Credit decisions and also the prevention of fraud and money laundering

We may use Credit Reference Agencies (CRAs) and Fraud Prevention Agencies (FPAs) to help us make decisions. A short guide to what we do and how we, CRAs and FPAs will use your information is detailed below. If you would like to read the full details of how your data may be used, please visit our website at www.alrayanbank.co.uk, phone 0800 4086 407 or ask one of the staff in our branches By confirming your agreement to proceed you are accepting that we may each use your information in this way.

A condensed guide to the use of your personal and business information by ourselves, CRAs and FPAs

1) When you apply to us to open an account, we will check the following records about you and your business partners: a) Our own

b) Personal and business records at CRAs. When CRAs receive a search from us, they will place a search footprint on your business credit file that may be seen by other lenders. They supply to us both public (including the electoral register) and shared credit and fraud prevention information.

c) Records at FPAs

d) If you are a director, we will seek confirmation from credit reference agencies that the residential address you provide is the same as that shown on the restricted register of directors' usual addresses at Companies House.

We will make checks such as assessing this application for credit, and verifying identities to prevent and detect crime and money laundering. We may also make periodic searches at CRAs and FPAs so as to manage your account with us

2) Information on applications will be sent to CRAs and will be recorded by them. This will include information on your business and its proprietors. CRAs may create a record of the name and address of your business and its proprietors, if there is not one already. Where you borrow from us, we will give details of your accounts and how you manage it/them to CRAs

3) If you borrow and do not repay in full and on time, CRAs will record the outstanding debt. This information may be supplied to other organisations by CRAs and FPAs to perform similar checks, and to trace your whereabouts and recover debts that you owe. Records remain on file for 6 years after they are closed, whether settled by you or defaulted.

4) If you have borrowed from us and do not make payments that you owe us, we will trace your whereabouts and recover debts

5) If you give us false or inaccurate information and we suspect or identify fraud, we will record this and may also pass this information to FPAs and other organisations involved in crime and fraud prevention. Law enforcement agencies may access and use this information.

6) We and other organisations also access and use this information to prevent fraud and money laundering. For example, when:

 Checking details on applications for credit and credit-related or other facilities; Managing credit and credit related accounts or facilities;

Recovering debt:

· Checking details on proposals and claims for all types of insurance;

 Checking details of job applicants and employees.
 7) We and other organisations may access and use from other countries the information recorded by fraud prevention agencies 8) Your data may also be used for other purposes for which you give your specific permission or, in very limited circumstances, when required by law or where permitted under the terms of

ne 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 G-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 partnerships include but are not limited to the following:

- Confirming the identity and address of at least two partners, one of whom should be the partner giving instructions (please see our 'Proof of Identity' leaflet for more information as to the documents we need to confirm the identity and address ofi ndividuals);
- Obtaining evidence of the partnership's address; and

Obtaining the partnership's letterhead stating the names of all partners. iii.

Date

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

SECTION H - BASIC INFORMATION ABOUT THE PROTECTION OF YOUR ELIGIBLE DEPOSITS

Al Rayan Bank PLC is covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors if a bank is unable to meet its financial obligations. Most depositors including most individuals and businesses are covered by the scheme.

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
To contact AI 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
Currency of reimbursement	Pound sterling (GBP, £)
Reimbursement period in case of bank failure	20 working days
If you have a joint account with other person(s)	The limit of £85,000 applies to each depositor separately
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
Limit of protection	£85,000 per depositor per bank
Eligible deposits in AI Rayan Bank PLC ("the Bank") are protected by	the Financial Services Compensation Scheme (FSCS)

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 AI Rayan Bank using the contact details above.

SECTION I - DECLARATION & SIGNATURE

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 Partnership you represent and personally, on your own behalf.

- 1. I confirm that the resolutions set out in the mandate are an accurate record of what was resolved at the meeting. I agree to supply the AI Rayan Bank with a copy of the Partnership meeting resolution authorising this account to be opened.
- 2. I confirm that I have read and understood and agree to the information contained in this form.
- 3. I confirm that I understand that the account applied for will be governed by the Business Banking Terms and Conditions (a copy of which I have received) and I agree to be bound by those terms.
- 4. I confirm that the information contained in this application is true and correct.
- 5. I authorise AI Rayan Bank to operate banking services in accordance with the mandate and that the applicants named in this form have the relevant authority to act on behalf of the partnership in opening and operating the account(s) applied for.
- 6. 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 in section 481 of the Income and Corporation Taxes Act 1988.
- 7. 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.

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 partnership whose details are shown in this application form. The declaration is made personally by the people who sign it.

Signed by:

Date

Signature of First Partner

X
Your signature must not go outside the box.
Date D D M M Y Y Y Y
Signature of Second Partner
X
Your signature must not go outside the box.

Signature of Third Partner

Х

Date

Signature of Fourth Partner

X			

Date

Your signature must not go outside the box.

Your signature must not go outside the box.

Date	D	D	M	Μ	Y	Y	Y	Y
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Initial

SECTION J - WHAT TO DO NEXT

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

	lick to confirm
1. Ensure you have completed and signed all relevant sections of the application form.	
2. Ensure you have completed the 'User account access' form.	
3. Ensure you have ticked to indicate which account(s) you are applying to open.	
4. Ensure you have enclosed all requested proof of identity documentation (please refer to the	
'Businesses, Charities, Masjids & Madrasahs Proof of Identity' for guidance).*	
5. Sample letterhead (if you use a trading name).	
For Bank use only	
Branch code	
Branch staff HO Processing	Manager

name	HO Processing staff name	name	
Signature	Signature	Signature	
Date	Date	Date	

Al Rayan Bank PLC is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our firm reference number is 229148. Incorporated and registered in England and Wales. Registration No. 4483430. Registered office: 44 Hans Crescent, Knightsbridge, London, SW1X 0LZ.

Date