

# Corporate Savings Application Form

Please complete all sections of this form using Block capitals.

## Introducer/ Intermediary Details

Contact Name

Company Name

Address

Telephone Number

Email Address

Entity Type    Company     Trust     Pension     Charity/ Club     Foundation

Entity / Account Title

## Entity Parties

Please detail the relevant entity party relationships e.g. Director, Ultimate Beneficial Owner(s), Authorised Signatory, Trustee, Settlor, Member

Title	<input type="text"/>	Title	<input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>
Forenames	<input type="text"/>	Forenames	<input type="text"/>
Previous Names	<input type="text"/>	Previous Names	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Country & Town of Birth	<input type="text"/>	Country & Town of Birth	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Residential Address	<input type="text"/>	Residential Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone Contact	<input type="text"/>	Telephone Contact	<input type="text"/>
Email Address	<input type="text"/>	Email Address	<input type="text"/>
Relationship to Entity	<input type="text"/>	Relationship to Entity	<input type="text"/>
Authorised Signatory	Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorised Signatory	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature (if authorised Signatory)	<input type="text"/>	Signature (if authorised Signatory)	<input type="text"/>

## Entity Parties (continued)

Title

Surname

Forenames

Previous Names

Date of Birth

Country & Town of Birth

Nationality

Residential Address

Postcode

Telephone Contact

Email Address

Relationship to Entity

Authorised Signatory Yes  No

Signature (if authorised Signatory)

---

Title

Surname

Forenames

Previous Names

Date of Birth

Country & Town of Birth

Nationality

Residential Address

Postcode

Telephone Contact

Email Address

Relationship to Entity

Authorised Signatory Yes  No

Signature (if authorised Signatory)

---

Title

Surname

Forenames

Previous Names

Date of Birth

Country & Town of Birth

Nationality

Residential Address

Postcode

Telephone Contact

Email Address

Relationship to Entity

Authorised Signatory Yes  No

Signature (if authorised Signatory)

Title

Surname

Forenames

Previous Names

Date of Birth

Country & Town of Birth

Nationality

Residential Address

Postcode

Telephone Contact

Email Address

Relationship to Entity

Authorised Signatory Yes  No

Signature (if authorised Signatory)

# Tax Residency

If the Entity is resident in United States you must also complete and return an IRS (Internal Revenue Service) W-9 form and include any additional tax residences in the table below.

Country of residence for tax purposes	Tax Identification Number(s)

## Entity Classification

The Entity will be a Financial Institution (FI) or a Non-Financial Foreign Entity (NFFE) or a Non-Financial Entity (NFE). If you are an FI please complete Section 1 below and if you are an NFFE/NFE please complete Section 2 below to determine the status of the Entity.

### 1. The Entity is a Financial Institution

If you have registered as an FI or as a Sponsored Investment Entity please provide your Global Intermediary Identification Number (GIIN)  —  —  —

If you are a Sponsored Investment Vehicle please provide the GIIN of the sponsoring FI  —  —  —

Name of Sponsoring FI (where applicable)

**If unable to provide a GIIN, please indicate the reason below (X):**

- The Entity is in a country which has signed an intergovernmental agreement and has not yet obtained a GIIN
- The Entity has applied, or is going to apply, for a GIIN (but has not yet received it)
- The Entity is Registered Non Profit Organisation
- The Entity is Certified Deemed Compliant
- The Entity is an Owner Documented FI
- The Entity is a "Non-Participating FI"
- Other (please specify)

### 2. The Entity / Trust is not a Financial Institution

Status of entity (X)

- Active NFFE / NFE (e.g Registered Charity)
- Passive NFFE / NFE (complete Section below)
- Excepted NFFE (not applicable for IGA jurisdictions)
- The Entity is a "Non-Participating FI"
- Other (please specify)

## 'Passive NFFE / NFE' Controlling Persons

If you have declared the Entity / Trust to be an FI or an Active NFFE / NFE in the above section, you do not need to complete this section. Otherwise, the Entity / Trust will be considered a 'Passive NFFE / NFE' and you should complete this section.

Please ensure you list below, each controlling person along with all the countries of tax residency and all Tax Reference Numbers for each controlling person. If a controlling person is a US citizen, US Green Card holder, or US resident, you should include United States in the table below, along with his/her US Tax Identification Number.

Name	Country of Tax Residency	Address	Tax Identification Number	City & Country of Birth	Date of Birth

## Account Details

Type of account required  
(refer to Interest Rate Sheet)

Account Designation  
(if required)

## Interest Details

Added to my/our Skipton International Account

Paid to my/our Nominated UK/Channel Island bank or building society Account

## Nominated Account

Your nominated account details will be retained and used for future withdrawals requests. The nominated account must be in your own name(s).

Name of Account Holder

Bank

Branch

Sort Code

 —  — 

Account Number

Your Nominated Account details will be retained and used for your future withdrawal requests.

## Savings Details

Amount of initial deposit £  (minimum £10,000)

Paid by sterling cheque (submitted with this application) and payable to Skipton International Ltd (Your Name)

BACS/CHAPS/SWIFT transfer on date     
Day Month Year

Please advise Skipton International of how the wealth was generated and from where the monies originate.

e.g. inheritance, transfer of savings (a detailed explanation with supporting documentation may be requested for the initial and subsequent deposits).

Source of wealth and funds

Your reason for opening account

## The Data Protection (Bailiwick of Guernsey) Law, 2017

The full Skipton International Privacy Policy can be found online at [www.skiptoninternational.com](http://www.skiptoninternational.com) and will also be issued alongside the terms and conditions for all new customers.

We are committed to protecting your privacy and keeping your personal information secure. Skipton will only request personal information that is necessary for us to process and maintain your accounts with us.

The Data Protection (Bailiwick of Guernsey) Law, 2017 gives individuals certain rights over their personal data and defines the rules for how a data controller, such as Skipton International, are allowed to process personal information. It also states that those who record and process personal information must be open and honest in how that information is used.

### Lawfulness of Data Processing

The Data Protection Law only allows us to use (or process) your personal information if we have a proper reason for doing so. We must have one or more of the following reasons:

- In order to fulfil our contractual obligations to you, or
- if it is a legal obligation, or
- if you consent to it, or
- if it is in our legitimate interest to do so

A legitimate interest means that we have a business reason for using your information that does not treat you unfairly or have a negative impact upon you. If we ever do rely on or legitimate interest to process your personal information we will advise you of what we are doing.

### Collecting Personal Information

The information that we collect about you may come from both yourself and some other sources as listed in the full Privacy Policy.

### Sharing Personal Information

We may share personal information with other affiliates of Skipton Building Society, third party review sites for service monitoring (currently Feefo) and some other organisations as listed in the full Privacy Policy.

### Personal Data Rights

Under the Data Protection (Bailiwick of Guernsey) Law, 2017 individuals have specific rights over how companies use their personal data. Please see the full Privacy Policy for details of these personal data rights and how Skipton meet these requirements.

We may occasionally contact customers via post, email or telephone with details of Skipton products including new interest rate options. We believe it is within our legitimate interests to do so and that it is in your interests to be made aware of new products that could be of benefit to you. However, you can request that you are not contacted for this purpose by ticking the box below and at any other time, via email to 'optout@skiptoninternational.com' or by contacting our friendly Customer Services team on (+)44 1481 730730. You can also make this request in writing to the Data Protection Officer:

Data Protection Officer  
Skipton International Limited  
P.O. Box 509  
Tudor House  
The Bordage  
St Peter Port  
Guernsey  
GY1 6DS

Please tick this box if you do not wish to receive further product information from Skipton International Limited (where Skipton may occasionally forward new interest rate offers).

## Declaration (all applicants must complete)

To enable Skipton International Limited (Skipton) to confirm and document my tax status accurately; I/we hereby certify that:

- 1** The information provided on this form is complete and accurate.
- 2** I/we will notify Skipton immediately in the event of any change in the personal information provided or in my/our circumstances relevant to this form, and will provide Skipton with an updated form within 30 days of such change occurring. I/we further understand and agree that any failure to do so shall entitle Skipton, in its sole discretion, to terminate any account in which I/we have beneficial interest.
- 3** I/we will comply with all tax and exchange control laws, regulations and reporting requirements imposed by an applicable jurisdiction relating to my/our accounts maintained with Skipton.
- 4** I/we are aware that in certain circumstances Skipton International Limited will be obliged to share this information with their local tax authorities, who may pass it on to other tax authorities.
- 5** I/we have the required authority to sign this certification on behalf of the above named Entity.

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Should you wish to apply for Skipton International Online, please complete the section on page 8.

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I/we confirm that I/we have received and read the Account leaflet and agree to be bound by the Account Terms and Conditions and the Skipton International Limited General Terms and Conditions for Savings Accounts.

### First Authorised Signatory

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Second Authorised Signatory

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Third Authorised Signatory

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Fourth Authorised Signatory

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>



Skipton International Limited (Skipton), registered in Guernsey: 30112, is a wholly owned subsidiary of Skipton Building Society. Skipton is licensed under the Banking Supervision (Bailiwick of Guernsey) Law 1994, as amended. To help maintain service and quality, telephone calls may be recorded and monitored.

Skipton is a participant in the Guernsey Banking Deposit Compensation Scheme (the "Scheme") established by The Banking Deposit Compensation Scheme (Bailiwick of Guernsey) Ordinance, 2008 (the "Ordinance"). The following is a brief summary of the Scheme, but is not intended as a substitute for the actual wording of the Ordinance, a copy of which is available on request. • The Scheme only applies to 'qualifying deposits', which broadly means deposits made by natural persons for their own benefit, with a few limited exceptions such as, for example, deposits made by trustees of retirement annuity trust schemes, the Scheme does not apply to companies, trusts, partnerships or charities. • The Scheme will provide compensation in the event that a Licensed Bank is unable to repay its depositors. Under normal circumstances, payment will be made within 3 months of receipt of a valid claim form. • Compensation is limited to a maximum of £50,000 per individual claimant; in the case of a joint account each depositor would be entitled. • Total Scheme compensation in any five year period is limited to £100 million. If claims exceed this cap, compensation would be reduced pro rata. The cap also means that compensation in respect of any one bank cannot exceed £100 million. • The amount payable may be reduced if the Bank has any contractual right of set-off against the account. The Scheme is entitled to recover compensation from any funds subsequently paid out by the Bank. • Further information and a leaflet about the Scheme is available at: Website: [www.dcs.gg](http://www.dcs.gg) Telephone: +44 (0) 1481 722756 Post: P.O. Box 380, St Peter Port, GY1 3FY.

Deposits made with Skipton International Limited are not covered by the Financial Services Compensation Scheme established under the UK Financial services and Markets Act 2000.

## Authority for Verification of Identity

Skipton International Limited requires all customers to provide verification of their identity, to protect both the bank and customers against fraud and to meet its regulatory requirements. Please provide the following documentation with your application:

### Company Accounts

1. Memorandum and Articles of Association
2. Certificate of Registration
3. Company resolution to open the account(s) with Skipton International Limited, details of the authorised signatories, signing arrangements to be adopted and specimen signatures
4. Schedule of beneficial owners with full identification documents for person owning 25% or more
5. Full identification documents for each authorised operator of the account for verification of identity and address\*.

### Pension or Trust Scheme Accounts

1. Copy of the first and last page of the Trust Deed showing the names of all trustees.
2. Resolution to incorporate details of the authorised signatories, their specimen signatures and the signing arrangements to be adopted
3. For Retirement Annuity Trust Schemes accounts: a copy of the States of Guernsey Income Tax letter which confirms approval of the Scheme.
4. Schedule of beneficiaries\*
5. Full identification documents for each authorised operator of the account for verification of identity and address\*.

### Channel Island - Registered Charitable Organisations, Clubs and Societies Accounts

1. Rules and regulations of the charity, club or society
2. Evidence of charitable status
3. Resolution to open the incorporate details of the authorised signatories, their specimen signatures and the signing arrangements to be adopted
4. Full identification documents for each authorised operator of the account for verification of identity and address\*.

### Foundation Accounts

1. Certificate of Registration
2. Rules and Regulations of the Foundation
3. CDD for the beneficiaries
4. A schedule of the Council and Guardian Members\*
5. Full CDD and source of wealth/funds for the Founder\*
6. Full CDD and source of wealth/funds for any future contributors for the Foundation\*.

\* If you are a regulated fiduciary business in Guernsey, The UK or Isle of Man and are identified as an Appendix C business (as defined in the Guernsey Financial Services Commission Handbook), proof of identity and address is not required.

If you are not an Appendix C business, please verify your identity and address by providing a certified copy of a current passport or full driving licence and an original or certified copy of a utility bill, bank/credit card statements or Government correspondence, dated within the last three months.

**When providing the above documentation and/or copies of CDD, please ensure they are certified by a professional person e.g. Company Director, Compliance Officer, Trust Manager. Any original documents received will be copied at our office and returned accordingly.**

**A suitable certifier must certify that they have met the individual in person and has seen the original documentation verifying the identity and residential address. The certifier must also sign and date the data and provide adequate information so that contact can be made with the certifier in the event of a query. Our 'Identification Verification Form' may be used for this purpose.**



**SKIPTON  
INTERNATIONAL**

PO BOX 509, Tudor House, The Bordage, St Peter Port, Guernsey, Channel Islands, Great Britain, GY1 6DS.

TEL: 01481 730730 [www.skiptoninternational.com](http://www.skiptoninternational.com)

# Skipton International Online

NAME OF ACCOUNT HOLDERS I.E.  
COMPANY/TRUST/ORGANISATION

KEY CONTACT PERSON

POSITION

EMAIL ADDRESS

TELEPHONE NUMBER

## Skipton International Online Users

A user on Skipton International Online will be able to access and view accounts, open new accounts, make transfers between existing accounts and set up and delete nominated accounts. Users will not be able to make external payments, place notices or close accounts.

There can be a maximum of four users per account holder. If additional users are required, please contact us.

As part of the log in process, as well as a User ID and Password, each user will be required to input a one time password, which will be generated by either a hard token (in the form of a dongle) or a soft token (generated from an application on a device, such as a smart phone or tablet). Please identify which preferred method each user will use.

By signing below, each user confirms they have read, agree and comply with the terms as detailed in the Skipton International Online Terms of Use and General Terms and Conditions for Savings Accounts which can be found at [www.skiptoninternational.com](http://www.skiptoninternational.com).

We will comply with the Data Protection (Bailiwick of Guernsey) Law 2017 at all times when obtaining and processing personal data about you. Our Privacy Policy explains how and why Skipton collects, uses, stores and transfers your personal data and can be found at [www.skiptoninternational.com](http://www.skiptoninternational.com).

User 1	
Full Name	
Position	
Date of Birth	
Email	
Direct Dial	
Please tick	<input type="checkbox"/> Hard Token (dongle) <input type="checkbox"/> Soft Token (App on device)
Signature	

User 2	
Full Name	
Position	
Date of Birth	
Email	
Direct Dial	
Please tick	<input type="checkbox"/> Hard Token (dongle) <input type="checkbox"/> Soft Token (App on device)
Signature	



User 3	
Full Name	
Position	
Date of Birth	
Email	
Direct Dial	
Please tick	<input type="checkbox"/> Hard Token (dongle) <input type="checkbox"/> Soft Token (App on device)
Signature	

User 4	
Full Name	
Position	
Date of Birth	
Email	
Direct Dial	
Please tick	<input type="checkbox"/> Hard Token (dongle) <input type="checkbox"/> Soft Token (App on device)
Signature	

## Declaration

This must be signed by the required authorised signatories, in accordance with your account mandate or your recent change of signatories' request.

I/We confirm that the information provided is correct and I/We authorise for the Users to have access to Skipton International Online on behalf of the Account Holder.

### First Authorised Signatory

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Second Authorised Signatory

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Third Authorised Signatory

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Fourth Authorised Signatory

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TEL: +44 (0)1481 730730**

**[www.skiptoninternational.com](http://www.skiptoninternational.com)**

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### Office use only

Input by:	Signature:	Date:
Checked by:	Signature:	Date:
Customer Number:		