

Charity Deposit Account



Charity Deposit Account Application Form

0845 045 0900
angloirishbank.co.uk

Type of Account (tick as appropriate)

Quick Access ☐ **7 Day Notice** ☐ **30 Day Notice** ☐

If you already have an account with Anglo Irish Bank please provide the account number in this box:

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Charity Name:

Contact Name:

Date Established:

Registration Charity Number:

Registered Office Address:

Trading Address:

Country of Incorporation: *England/Wales ☐

*Only Charities registered with the Charity Commission in England and Wales will be permitted to open an account.

Total Assets:

Annual Turnover/Income:

Purpose of Charity:

Initial Cheque Enclosed ☐ (Please confirm the Amount)

AUTHORISED REPRESENTATIVE 1:

Title:

Full Name:

Residential Address:

Postcode:

Telephone:

E-Mail:

Date of Birth:

Position in Charity:

Security Questions

Town of Birth?

What colour are your eyes?

By signing below, I hereby confirm my understanding and acceptance of parts I, II, III and IV of this application form.

Signature:

AUTHORISED REPRESENTATIVE 2:

Title:

Full Name:

Residential Address:

Postcode:

Telephone:

E-Mail:

Date of Birth:

Position in Charity:

Security Questions

Town of Birth?

What colour are your eyes?

By signing below, I hereby confirm my understanding and acceptance of parts I, II, III and IV of this application form.

Signature:

AUTHORISED REPRESENTATIVE 3:

Title:

Full Name:

Residential Address:

Postcode:

Telephone:

E-Mail:

Date of Birth:

Position in Charity:

Security Questions

Town of Birth?

What colour are your eyes?

By signing below, I hereby confirm my understanding and acceptance of parts I, II, III and IV of this application form.

Signature:

AUTHORISED REPRESENTATIVE 4:

Title:

Full Name:

Residential Address:

Postcode:

Telephone:

E-Mail:

Date of Birth:

Position in Charity:

Security Questions

Town of Birth?

What colour are your eyes?

By signing below, I hereby confirm my understanding and acceptance of parts I, II, III and IV of this application form.

Signature:

If there are any other Authorised Representatives, please request an additional Authorised Representative form from us by calling our Charity Deposit Team on **0845 045 0900**.

Where did you hear about Anglo Irish Bank's Charity Deposit Accounts?

Charity Deposit Account

PART I

TERMS OF RESOLUTION OF CHARITY AUTHORISING THE OPENING AND OPERATION OF CHARITY DEPOSIT ACCOUNTS

1. THAT ANGLO IRISH BANK CORPORATION PLC (the 'Bank') be and is hereby requested and authorised to open and/or maintain in the name of the Charity such account(s) denominated in such currencies as the Charity may now or from time to time consider appropriate for the receipt and disbursement of the Charity monies and to give effect to any order, direction, request or instruction given by the Charity to the Bank relating to withdrawals and transfers from such account(s) from time to time, effected, made or given in accordance with the signing instructions of the Authorised Representatives as set out in the Term's and Condition's of this Account.
2. The Bank is hereby requested to give effect to any order, direction, request or instruction given by the Charity to the Bank in accordance with the Authorised Representatives.
3. THAT the Bank be and is hereby requested and authorised to honour and negotiate all first party cheques drawn on behalf of the Charity.
4. THAT the Bank be and is hereby requested and authorised at its sole discretion to provide any or all of the services provided by it to the Charity from time to time and to enter into and complete any and all transactions and Financial Contracts entered into by the Bank with the Charity from time to time via such method and/or methods of communication, including by telephone and post, as the Bank shall select and offer to the Charity at the Bank's sole discretion on such terms and subject to such conditions as the Bank shall specify from time to time.
5. THAT the Charity hereby covenants, agrees and undertakes with and to the Bank that the Bank may act upon and the Charity shall be bound by the instructions given in accordance with the signing instruction of the Authorised Representative as set out in this Application Form. Only first party payment transactions to and from the Charity's bank account, as obtained from the banking details on the initial cheque will be permitted on this account.
6. THAT this Application Form, having been notified to the Bank, shall remain in force unless and until altered or varied by new instructions given pursuant to the provisions of clause 8 of this Resolution.
7. THAT the Bank be assisted in the discharge of its anti-money laundering responsibilities by the Charity providing such information and documentary evidence as may be set out in this Application Form and such other items as may be required by the Bank in this regard from time to time.
8. THAT the Bank be furnished with a certified copy of the Constitution and/or Rules of the Charity and that the Bank be informed by notice in writing, signed by at least two Authorised Representatives unless there is only one Authorised Representative, as soon as may be, of any change taking place from time to time in the terms of this Application Form and/or any change in the Authorised Representatives and/or Charity.

Approved and signed on behalf of the Charity on:

____ Day of _____ 20__

Signature:

Name:

Position in Charity:

Date

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PART II

APPLICATION FORM FOR CHARITIES CREDIT REFERENCE, FRAUD PREVENTION AGENCIES AND DATA PROTECTION

(including information relating to Authorised Representatives and officials)

We may make searches now and in the future about you at credit reference agencies who will supply us with information, including information from the Electoral Register, for the purpose of verifying your identity and where appropriate to assess your ability to obtain credit. The agencies will record details of the search whether or not this application proceeds.

An 'association' between joint applicants and/or any individual identified as your financial partner, will be created at credit reference agencies, which will link your financial records. You and anyone else with whom you have a financial link understand that each other's information will be taken into account in all future applications by either or both of you. This linking will continue until one of you successfully files a 'disassociation' at the credit reference agencies.

GIVING YOUR CONSENT

It is important that you read and understand the next section of this Application Form entitled, Using and Sharing Your Information. By signing this Application Form, you agree that we can use your information in this way.

USING AND SHARING YOUR INFORMATION

(including information relating to Charity officials)

- (i) Your account is with Anglo Irish Bank Corporation plc (the 'Bank') who is the data controller.
- (ii) Where we refer to 'Group' in this clause we are referring to the Anglo Irish Bank Corporation plc group of companies.
- (iii) Your information may be held on a Group database and used by us and any Group company for the purposes set out in this clause. Your information includes any information which we (or any Group company) hold, now or at any time in the future and which comes from, or relates to:-
 - application forms or other dealings with any Group company;
 - third parties, such as credit reference agencies and parties associated with you; and
 - products and services received by you from any Group company.
- (iv) We and other Group companies will use, analyse and assess your information to maintain and develop our relationships with you. This will be for the following purposes:
 - (a) considering any applications made by you and helping us make credit related decisions about you;
 - (b) operating and administering the services we and/or they supply;
 - (c) servicing your relationships with Group companies;
 - (d) financial risk assessment, money laundering checks, compliance and regulatory reporting and fraud prevention;
 - (e) helping us and other Group companies to identify products and services which may interest you; and
 - (f) helping us and other Group companies to understand and develop our and their business, including new and innovative products and services.
- (v) For operational reasons such as in a), b), c) and d) in sub clause (iv) above we may link your information between your accounts and other products and services you maintain with us, and also your information about others with whom you have a financial link.
- (vi) We do not disclose your information outside the Group except:-
 - for reasons described in a), b), c) and d) in sub-clause (iv) above;
 - where we have your consent;
 - where we are required or permitted to do so by law or regulations;
 - to any persons, including insurers, who provide a service to us, who have agreed to keep your information strictly confidential;
 - to credit reference and fraud prevention agencies as set out above.

You have the right of access to your personal records held by credit reference and fraud prevention agencies. We will supply their names and addresses upon written request.

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PART II *continued*

- (vii) In order to provide the services you have requested or may request from time to time, it may be necessary for your information to be transferred to someone who provides a service to us in other countries. If we do this we will ensure that any one to whom we pass your information agrees to treat your information with the same level of protection as if we were dealing with it.
- (viii) Please advise us by writing to the Compliance Officer, Anglo Irish Bank Corporation plc, 10 Old Jewry, London EC2R 8DN, if you do not wish to receive marketing material from the Bank or to be contacted by us in connection with other products or services which may be of interest to you.
- (ix) You have the right of access to your personal records held on our files by written request to The Compliance Officer at the address given in (viii) above and on payment of a small fee

DATA PROTECTION

From time to time, we may contact you by telephone, post or email to provide details of additional products and services offered by the group which may be of benefit to you. If you do not wish to receive such information please tick the box

Authorised Representative 1 ☐

Authorised Representative 2 ☐

Authorised Representative 3 ☐

Authorised Representative 4 ☐

PART III

KNOW YOUR CUSTOMER IDENTITY - REGULATORY REQUIREMENTS

In order for us to be satisfied with your Charity's identity, we require your permission to undertake a credit reference agency search. By signing this Application Form you are permitting us to instruct the credit reference agency to undertake such search. This agency may check the details supplied against your particulars on any database (public or other) to which they have access. A record of this search will be retained. Full details are given in Part II of this Application Form.

We require you to submit:

- This Application Form completed and signed by the nominated Authorised Representatives.
- Certified copy of relevant constitution or equivalent document
- Latest audited accounts

We may need to seek additional information or documents depending on the outcome of any searches we perform.

PART IV

DECLARATION

We have read the terms and conditions leaflet for the Charity Deposit Account and understand and agree that:

- you will rely on the information we have given to you on this Application Form which we will confirm is complete, true and not misleading;
- you may decide to decline our application;
- the account we are opening and the money we are and will be investing is on behalf of the Charity shown above. We certify the Charity has the power to open this account and that the required resolution was passed authorising us to do so;
- Unless We tick this box, We agree that in the event that our application is submitted as a result of an introduction by a Financial Advisor/Introducer, with whom the bank holds a formal agreement; information will be exchanged with that particular Financial Advisor/Introducer [☐]
- The Resolution set out in Part I above is a true extract from board minutes of the meeting, of the board of directors dated
_____ Day of _____ 20____
- Audit Authority:** The Charity hereby gives authority to the Bank to release account information to in their capacity as Auditors of the Charity, on their written request for account information..

Signed on behalf of the Charity:

Signature:

Name:

Position in Charity:

Date

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