New Counterparty Application Form



Treasury Customers

Please complete this form in **BLOCK CAPITALS** and return to:

Treasury Settlements, Skipton Building Society, The Bailey, Skipton, North Yorkshire, BD23 1DN

Forms that are incomplete or incorrect may have to be returned which will delay the processing of your application. If you have any questions regarding your application, please contact us on 0345 266 1054.

| Section 1: About Your | Organisation | | | |
|-------------------------------|----------------------------------|--|--|--|
| Full name of organisation: | | | | |
| Registered number: | | Year established: | | |
| Full business address: | | Registered office address (if different to trading address | | |
| Postcode: Switchboard number: | | Postcode: Web address: | | |
| Nature of business: | | Annual turnover: Total assets: | | |
| Nature of business. | | | | |
| Number of employees: | Length with current bank: | Do you deal with money market brokers? Yes No | | |
| Charities Only | | | | |
| Registration number: | | | | |
| Does your charity have a wi | ritten constitution or set of ru | ules? Yes No (If yes, please provide a copy) | | |
| | | | | |
| | | | | |

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| Section 2: Transaction Details | | | | |
|---|--------------------------------|--|--|--|
| Please state the approximate amount you wish to deal in | n: £250k - £1m | | | |
| The Society will confirm all transactions with you. The preferred method of confirming transactions is by email. Please indicate your preference below: | | | | |
| Email Fax Post | | | | |
| Email address: | | | | |
| | | | | |
| Fax number: | For the attention of: | | | |
| | | | | |
| Position in organisation: | | | | |
| | | | | |
| Confirmation address: | | | | |
| | Postcode: | | | |
| Contact telephone number: | Posicode. | | | |
| Contact telephone number. | | | | |
| | | | | |
| Section 3: Senior Officers' Personal Details | | | | |
| Please provide the following details for two Senior Office | ers of your organisation: | | | |
| Details of Senior Officer 1 | Details of Senior Officer 2 | | | |
| Title: Surname: | Title: Surname: | | | |
| | | | | |
| First name and other initials: | First name and other initials: | | | |
| | | | | |
| Position in organisation: | Position in organisation: | | | |
| | | | | |
| Email address: | Email address: | | | |
| Contact telephone numbers | Contact talanhana numberi | | | |
| Contact telephone number: | Contact telephone number: | | | |
| Nationality: | Nationality: | | | |
| Tvationality. | realist fairty. | | | |
| Date of birth (DD/MM/YYYY) | Date of birth (DD/MM/YYYY) | | | |
| | | | | |
| Home address: | Home address: | | | |
| | | | | |
| | | | | |
| Postcode: | Postcode: | | | |

Continued overleaf

Section 3: Senior Officers' Personal Details (continued) **Details of Senior Officer 1 Details of Senior Officer 2** Home telephone number: Home telephone number: How long have you lived at this address? How long have you lived at this address? If less than three years, please give your previous address: If less than three years, please give your previous address: Postcode: Postcode: (Three years address history is required. If necessary, (Three years address history is required. If necessary, please provide further information on an additional sheet) please provide further information on an additional sheet) **Section 4: Standard Settlement Instructions** Funds can only be paid into an account held in the same name as the deposit holder. Under no circumstances can funds be paid to or for the account of a third party. Please enter your Standard Settlement Instructions below. Name of Bank and Branch: Sort Code: LEI (Legal Entity Identifier): Account Number: Name in which account is held: IBAN (International Bank Account Number): Section 5: Authorised Dealers This section is for nominating individuals to give instructions with respect to Treasury deposits. If there are more than four authorised dealers please provide their details as below on a separate sheet. **Authorised Dealer 1 (Main Contact) Authorised Dealer 2** Title: Surname: Title: Surname: First name and other initials: First name and other initials:

Continued overleaf

Position in organisation:

Contact telephone number:

Email address:

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Position in organisation:

Contact telephone number:

Email address:

| Occion | J. Authorised Dealers (Co | intinueu) | | | |
|--|--|---------------------|-------------------------------------|--|--|
| Authorised Dealer 3 | | Authorised Dealer 4 | | | |
| Title: | Surname: | | Title: | Surname: | |
| | | | | | |
| First name and other initials: | | | First name and other initials: | | |
| | | | | | |
| Position in | organisation: | | Position in organ | isation: | |
| | | | | | |
| Email addre | ess: | | Email address: | | |
| | | | | | |
| Contact telephone number: | | | Contact telephone number: | | |
| | | | | | |
| | 6: Automatic Exchange o ating Foreign Account Ta | | Act (FATCA)) | | |
| Instruction | s for completion | | | | |
| the sections | • | de any additional | information that is | r's tax arrangements. Please complete requested. If you have any questions | |
| - | information below about you advise us of these changes v | • | r FATCA classificat | ion changes in the future, please | |
| 6.1 Is your o | organisation a UK local autho | rity body? | | | |
| Yes Go to section 7 No Go to section 6.2 | | | | | |
| 6.2 Is your o | organisation a registered UK p | pension fund? | | | |
| Yes Go to section 7 No Go to | | | to section 6.3 | | |
| who are tax | organisation a registered UK or resident only in the UK and/or Go to section 7 | or the US? | tees (or directors in o section 6.4 | the case of a charitable company) | |
| 6.4 ls vour d | organisation tax resident withi | n the UK? | | | |
| | Complete the table below | | o section 6.5 | | |
| (i) the coun | aplete the table below (then go atry/ies where your organisation dentification number (TIN) in t | on is tax resident | and | ganisation indicating: | |
| Cour | ntry/ies of tax residency | Tax identi | ification number | Please state why TIN not provided | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Continued overleaf

Section 6: Automatic Exchange of Information (incorporating Foreign Account Tax Compliance Act (FATCA)) (Continued)

| 6.5 Is your organisation a financial institution [2] (including a professionally managed trust)? | | | | | | |
|--|----------------------|-------------------|--|------------------------------------|--|---------------------------------|
| Yes Provide GIIN in the space provided and go to section 7 | | | | | | |
| No Go to s | No Go to section 6.6 | | | | | |
| 6.6 Is your organis | sation an active | ly trading non-fi | nancial institution | ? [3] | | |
| Yes Go to s | section 7 | No | Go to section | n 6.7 | | |
| 6.7 Is your organis | sation a non-tra | ding investment | body? [4] | | | |
| Yes | Yes No No | | | | | |
| Other (please spe | cify below) | | | | | |
| | | | Go | to section 6.8 | } | |
| 6.8 If your organisation is a non-trading investment body, such as a non-professionally managed trust or an investment company, are all of the controlling persons ^[5] of your organisation resident for tax purposes only in the UK? | | | | | | |
| Yes Go to s | section 7 | No | Go to section | n 6.9 | | |
| 6.9 For each controlling person identified, i.e. anyone authorised to deal, please list that person's details and the country/ies in which they are tax resident, together with any tax reference number(s) or tax indentification number(s) that may be relevant. | | | | | | |
| Full Name | Date of Birth | Full Address | What makes this individual a controlling person [6] [7]? | Country/ies of tax residency | Tax Reference/ Identification Number | Signature of controlling person |
| | | | | | | |

Please add additional details in continuation of table overleaf where applicable.

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Section 6: Automatic Exchange of Information (incorporating Foreign Account Tax Compliance Act (FATCA)) (Continued)

| Full Name | Date of Birth | Full Address | What makes this individual a controlling person [6] [7]? | Country/ies of tax residency | Tax Reference/ Identification Number | Signature of controlling person |
|-----------|---------------|--------------|--|------------------------------------|--|---------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Each controlling person authorised to deal must also complete a self-certification and declaration. This will be provided upon receipt of this completed application form where applicable.

Go to section 7.

- ^[1] If your charity is not a UK one, or the trustees are tax resident in a country other than the UK, the remainder of this form must be completed.
- Financial institution is defined in the OECD Common Reporting Standard (www.oecd.org/tax/automatic-exchange/common-reporting-standard) and the US/UK Intergovernmental Agreement (www.treasury.gov/resource-center/tax-policy/treaties/Documents/FATCA-Agreement-UK-9-12-2012.pdf)
- [3] Active means:
 - less than 50% of gross income is passive income and less than 50% of its assets produce passive income; where passive income is broadly income earned from investments, but for a full definition see: para 126 on p196 of the OECD Commentary on the Common Reporting Standard at www.oecd. org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-relatedcommentaries/#d.en.345314
 - established in its jurisdiction of residence:
 - exclusively for religious, charitable, scientific, artistic, cultural, athletic or educational purposes; OR
 - it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation exclusively for the promotion of social welfare;
 - it is exempt from tax, has no shareholders or members with proprietary or beneficial interest in its income or assets (even on winding up).
- [4] Includes a non-professionally managed trust.
- Controlling persons for a trust this includes settlor, trustee, protector (if any) beneficiary or class of beneficiaries. For any other entity, it includes a shareholder and any other natural person exercising ultimate control over the investment. Controlling persons must also complete a self-certification and declaration.
- A beneficiary's details only need to be included if s/he owns or is entitled to at least 25% of the trust property.
- A shareholder's details only needs to be included if they own or control more than 25% of the shares or voting rights or otherwise exercise control of the management, e.g. the shareholder owns less than 25% but the percentage of ownership is significantly higher than any other shareholders.

Continued overleaf

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Section 7: Documentation Checklist In some cases the Society may need additional information. This is dependant upon the nature of your business and is outlined below. Please could you ensure all required documentation is provided or it may lead to a delay in your application.

| Certificate of Incorporation / certificate to trade (for PLC and Non PLC customers) List of shareholders / owners who own over | Proof of identity of individuals with authority to deal (government dept / independent universities & colleges / clubs & societies) | | |
|---|--|--|--|
| 25% of its shares or voting rights (corporates / partnerships & unincorporated businesses) | Copy of the trust deed (pension schemes & other trusts & foundations) | | |
| List of directors / partners (corporates / partnerships & unincorporated businesses) | Copy of HMRC's confirmation of the church's application for a charitable status (church bodies | | |
| Names of all beneficiaries / trustees (trusts / foundations / charities / church bodies & places of worship) | & places of worship) Completed club mandate (clubs & societies) | | |
| Section 8: UK Money Markets Code | | | |
| Please tick to acknowledge that you agree to adhere Markets Code (www.bankofengland.co.uk/markets) | e to the principles of the Bank of England's UK Money | | |
| Section 9: Declaration and Signatures | | | |
| This section should be signed by each of the Senior Offilimited company established with one official, in which of | | | |
| By signing below I confirm that I understand and accept supplied is correct. I acknowledge that the information of account(s) may be reported to the tax authorities of the cand exchanged with tax authorities of another country of to intergovernmental agreements to exchange financial account(s) is/are maintained. | contained in this form and information regarding reportable country in which this account(s) is/are maintained r countries in which I may be tax resident pursuant | | |
| Please tick to acknowledge that you have read and r | retained a copy of the Society's FSCS Information Sheet | | |
| Print Name: | Print Name: | | |
| | | | |
| Signature: | Signature: | | |
| | | | |
| | • | | |



Skipton Building Society is a member of the Building Societies Association. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, under registration number 153706, for accepting deposits, advising on and arranging mortgages and providing Restricted financial advice. Principal Office, The Bailey, Skipton, North Yorkshire BD23 1DN.

Date:

Date:

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