

Company deposit account application form

For use by companies who wish to open a deposit account

1. Guidance

- Before completing this application form, please read our General Terms and Conditions and the Product Conditions, where applicable, for your chosen account. You should already have been supplied with these but they can be found in the Important Information section on our website permanent-bank.com
- Please read our guide to Providing Identification Documents supplied with this application form as it contains important information about the documentation which must be supplied when returning this form to us. We would like to make you aware that incomplete information or lack of supporting documentation may lead to a delay and prevent us from opening your account. On occasion we may require additional information before we open an account, at which point we will contact you directly.
- Please do not transfer funds electronically until your account has been opened and an account number provided.
- To avoid any delays, please ensure that you complete this form in full using block capitals. If you prefer, this form can also be completed on line before being printed, signed and forwarded to us.

2. New or existing customer?

Are you a new customer to the Bank? Yes No

If 'No', please confirm your existing account number

| | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Please confirm the type of account(s) you wish to open, and write the amount of deposit in the relevant currency box.

Variable Rate

Instant Access

| | |
|------------------------|------------------------|
| £ <input type="text"/> | € <input type="text"/> |
|------------------------|------------------------|

35 Day Notice

| | |
|------------------------|------------------------|
| £ <input type="text"/> | € <input type="text"/> |
|------------------------|------------------------|

90 Day Notice (GBP only)

| |
|------------------------|
| £ <input type="text"/> |
|------------------------|

Short Term Fixed Deposit

3 Month

| | |
|------------------------|------------------------|
| £ <input type="text"/> | € <input type="text"/> |
|------------------------|------------------------|

6 Month

| | |
|------------------------|------------------------|
| £ <input type="text"/> | € <input type="text"/> |
|------------------------|------------------------|

9 Month

| | |
|------------------------|------------------------|
| £ <input type="text"/> | € <input type="text"/> |
|------------------------|------------------------|

Long Term Fixed Deposit

1 Year

| | |
|------------------------|------------------------|
| £ <input type="text"/> | € <input type="text"/> |
|------------------------|------------------------|

2 Years

| | |
|------------------------|------------------------|
| £ <input type="text"/> | € <input type="text"/> |
|------------------------|------------------------|

3 Years

| | |
|------------------------|------------------------|
| £ <input type="text"/> | € <input type="text"/> |
|------------------------|------------------------|

5 Years

| | |
|------------------------|------------------------|
| £ <input type="text"/> | € <input type="text"/> |
|------------------------|------------------------|

Limited Edition Fixed Term Deposit

Issue Number (GBP only)

| |
|------------------------|
| £ <input type="text"/> |
|------------------------|

Term

3. How will you be sending your initial deposit?

Please do not transfer any funds electronically until you have received confirmation from us that your account has been opened and you have your new account number.

Sterling cheque(s) only. We regret that we do not accept currency cheques. Amount:

Please note that sterling cheques received with application forms will not be processed until the account has been opened and the account number allocated.

Transfer from another bank Amount Currency

Please refer to our General Terms and Conditions if you are sending funds in a different currency to that of the account you are applying for.

Please confirm the details of the bank from which the initial deposit is coming:

Bank name

Sort Code

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

or SWIFT code (if non-UK)

Bank address

Account name

Account number/IBAN

4. Company details

Company name

Type of company (e.g. trading or investment)

Business activity

Date of incorporation

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Country of incorporation

Official identification number (e.g. registered number)

Name of Company's regulator (if applicable)

Registered address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| Postcode |

Principal place of business (if different from registered address)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| Postcode |

Correspondence address (if different from registered address)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| Postcode |

Contact name(s)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Telephone numbers (including area code)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Fax number (including area code)

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Email address

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Tax Certification – Company

For Financial Institution to complete

We are a Participating Financial Institution.

GIIN Number

or

We are sponsored by a Financial Institution.

Sponsor's name

GIIN Number of sponsor

NB sponsor's permission needed to use this category

For Non-Financial Institution to complete

We are a Direct Reporting NFFE:

GIIN Number

or

50% or more of the Company's income originates from trading activity (Active NFFE).

or

50% or more of the Company's income originates from interest & Dividends (Passive NFFE).

5. Director/Shareholder/Authorised Signatory details (Please note all sections are mandatory)

1st applicant

(please tick as appropriate)

Capacity: Director Shareholder Please indicate % of shareholding

Authorised signatory

Title Mr Mrs Ms Miss

Other (please specify)

Gender Male Female

First name(s)

Surname(s)

Maiden name or any other name(s) used

Date of birth

Country and town of birth

Nationality

Dual nationality (if applicable)

Are you a US Citizen?

Yes No

Full permanent residential address including postcode (a PO Box or c/o address is not normally acceptable as a residential address). Please refer to our guide to providing identification documents

Postcode

Number of years at this address?

Tax Identification Number/National Insurance Number

Countries of tax residence

What is your relationship with the other applicant? (if applicable)

Account correspondence is sent by post. There may be occasions when we need to contact you urgently, for example to clarify an instruction. Please provide all of the following information.

Home phone number (including area code)

Mobile contact telephone number (including area code)

Email address

2nd applicant

(please tick as appropriate)

Capacity: Director Shareholder Please indicate % of shareholding

Authorised signatory

Title Mr Mrs Ms Miss

Other (please specify)

Gender Male Female

First name(s)

Surname(s)

Maiden name or any other name(s) used

Date of birth

Country and town of birth

Nationality

Dual nationality (if applicable)

Are you a US Citizen?

Yes No

Full permanent residential address including postcode (a PO Box or c/o address is not normally acceptable as a residential address). Please refer to our guide to providing identification documents

Postcode

Number of years at this address?

Tax Identification Number/National Insurance Number

Countries of tax residence

What is your relationship with the other applicant? (if applicable)

Account correspondence is sent by post. There may be occasions when we need to contact you urgently, for example to clarify an instruction. Please provide all of the following information.

Home phone number (including area code)

Mobile contact telephone number (including area code)

Email address

5. Director/Shareholder/Authorised Signatory details continued (Please note all sections are mandatory)

3rd applicant

(please tick as appropriate)

Capacity: Director Shareholder Please indicate % of shareholding

Authorised signatory

Title Mr Mrs Ms Miss

Other (please specify)

Gender Male Female

First name(s)

Surname(s)

Maiden name or any other name(s) used

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Country and town of birth

Nationality

Dual nationality (if applicable)

Are you a US Citizen?

Yes No

Full permanent residential address including postcode (a PO Box or c/o address is not normally acceptable as a residential address). Please refer to our guide to providing identification documents

Postcode

Number of years at this address?

Tax Identification Number/National Insurance Number

Countries of tax residence

What is your relationship with the other applicant? (if applicable)

Account correspondence is sent by post. There may be occasions when we need to contact you urgently, for example to clarify an instruction. Please provide all of the following information.

Home phone number (including area code)

Mobile contact telephone number (including area code)

Email address

4th applicant

(please tick as appropriate)

Capacity: Director Shareholder Please indicate % of shareholding

Authorised signatory

Title Mr Mrs Ms Miss

Other (please specify)

Gender Male Female

First name(s)

Surname(s)

Maiden name or any other name(s) used

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Country and town of birth

Nationality

Dual nationality (if applicable)

Are you a US Citizen?

Yes No

Full permanent residential address including postcode (a PO Box or c/o address is not normally acceptable as a residential address). Please refer to our guide to providing identification documents

Postcode

Number of years at this address?

Tax Identification Number/National Insurance Number

Countries of tax residence

What is your relationship with the other applicant? (if applicable)

Account correspondence is sent by post. There may be occasions when we need to contact you urgently, for example to clarify an instruction. Please provide all of the following information.

Home phone number (including area code)

Mobile contact telephone number (including area code)

Email address

5. Director/Shareholder/Authorised Signatory details continued (Please note all sections are mandatory)

5th applicant

(please tick as appropriate)

Capacity: Director Shareholder Please indicate % of shareholding

Authorised signatory

Title Mr Mrs Ms Miss

Other (please specify)

Gender Male Female

First name(s)

Surname(s)

Maiden name or any other name(s) used

Date of birth

Country and town of birth

Nationality Dual nationality (if applicable)

Are you a US Citizen?

 Yes No

Full permanent residential address including postcode (a PO Box or c/o address is not normally acceptable as a residential address). Please refer to our guide to providing identification documents

Postcode

Number of years at this address?

Tax Identification Number/National Insurance Number

Countries of tax residence

What is your relationship with the other applicant? (if applicable)

Account correspondence is sent by post. There may be occasions when we need to contact you urgently, for example to clarify an instruction. Please provide all of the following information.

Home phone number (including area code)

Mobile contact telephone number (including area code)

Email address

6th applicant

(please tick as appropriate)

Capacity: Director Shareholder Please indicate % of shareholding

Authorised signatory

Title Mr Mrs Ms Miss

Other (please specify)

Gender Male Female

First name(s)

Surname(s)

Maiden name or any other name(s) used

Date of birth

Country and town of birth

Nationality Dual nationality (if applicable)

Are you a US Citizen?

 Yes No

Full permanent residential address including postcode (a PO Box or c/o address is not normally acceptable as a residential address). Please refer to our guide to providing identification documents

Postcode

Number of years at this address?

Tax Identification Number/National Insurance Number

Countries of tax residence

What is your relationship with the other applicant? (if applicable)

Account correspondence is sent by post. There may be occasions when we need to contact you urgently, for example to clarify an instruction. Please provide all of the following information.

Home phone number (including area code)

Mobile contact telephone number (including area code)

Email address

6. Details about your expected account turnover (This section is mandatory for all types of account)

If you are opening a Fixed Term Deposit, please indicate any expected additional future activity.

Account turnover

How often will you use the account?

Weekly
 Monthly
 Quarterly
 Half yearly
 Annually

What is the anticipated total sum of deposits expected each year (excluding your initial deposit) in the currency of your deposit?

< 10,000
 10,001 - 25,000
 25,001 - 50,000
 50,001 - 100,000
 100,001 - 250,000
 250,001 or more

How many debit and credit transactions do you estimate making and/or receiving during a year (excluding interest payments)?

1 - 5
 6 - 10
 11 - 15
 16 or more

7. General information (This section is mandatory for all types of account)

To meet our requirements we need to understand your reasons for opening the account(s) and how the funds being deposited have been accumulated.

Please provide full details of where the funds have been derived (complete all that are applicable. We reserve the right to request evidence of this).

| | Received over what period | Amount | Further details |
|--------------------------|---------------------------|--------|-----------------|
| <input type="checkbox"/> | Lifetime savings | | |
| <input type="checkbox"/> | Sale of a property | | |
| <input type="checkbox"/> | Sale of a business | | |
| <input type="checkbox"/> | Inheritance | | |
| <input type="checkbox"/> | Pension | | |
| <input type="checkbox"/> | Salary/Bonuses | | |
| <input type="checkbox"/> | Gift | | |
| <input type="checkbox"/> | Other | | |

Please indicate the purpose of the account(s), i.e. what is/are the account(s) to be used for?

| |
|--|
| |
| |

If you are not an Isle of Man resident, please tell us why you have chosen to operate an account in the Isle of Man.

| |
|--|
| |
| |

Which of the following countries or geographical regions do you expect to make or receive payments to and/or from?

Isle of Man
 UK
 Middle East
 North America
 Africa
 Channel Islands
 EU Countries
 Far East
 Australia
 Other

8. Personal information and data protection

Information you provide on this application form may be held on computer by Permanent Bank International Ltd, as Data Controller, and will be used only for purposes registered under the Data Protection Act, including administration, research, analysis and keeping you informed of related products and services from members of the Permanent TSB Group. Please note that no information is passed by us to any third party for marketing purposes. Information about you will be kept after your account is closed. You have the right to see certain records held by us on payment of a fee. If you wish to exercise this right you should write to:

The Compliance Manager, Permanent Bank International Limited, Hillary House, Prospect Hill, Douglas, Isle of Man, IM1 1EQ, British Isles.

We do not wish to receive marketing information

When we correspond with you

Please note that all correspondence issued will be addressed and sent to the first-named account holder only. We reserve the right to vary this arrangement when circumstances arise.

9. How did you hear about us?

We would find it very helpful if you could tell us how you heard about us:

10. Declaration and Mandate

This section sets out information which forms the agreement between you and Permanent Bank International Ltd. Please take time to read this section carefully.

Account declaration

- We understand that Permanent Bank International Ltd reserves the right to decline this application at its discretion and without reason.
- We declare that the information given is true and we authorise Permanent Bank International Ltd to make any appropriate enquiries to obtain independent verification of any information provided in this application form.
- We confirm that we have read and understood the current General Terms and Conditions and the Product Conditions, where applicable, applying to the account(s) and we agree to be bound by them.
- We confirm that in the event of death, where an account is held in joint names, the account will be vested to the surviving account holder(s).
- We confirm that we agree to be bound by the current Terms and Conditions relating to this account and to all future accounts opened where the Terms and Conditions remain materially unchanged.
- We confirm that we will notify Permanent Bank International Ltd of any change in our name, address and contact details in relation to the information supplied in this application form.
- We declare that this deposit is the Company's property and that it is not made as nominee for any other individual or Company.

Signature mandate

- We agree that Permanent Bank International Ltd is authorised until further notice to accept the mandate as specified below as a discharge for withdrawals or for any other purpose in connection with this account.

Any one of us

Any two of us

Other
(please specify)

Where no preference is indicated, Permanent Bank International Ltd will assume that any two may sign for withdrawals and for any other purpose in connection with this account.

Director/Secretary

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Director/Secretary

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

11. Authorised signatory list

Please ensure all signatories complete this section with their full name and capacity (e.g. Director/shareholder/authorised signatory)

| | | |
|-----------|----------------------|-----------|
| Full Name | <input type="text"/> | Signature |
| Capacity | <input type="text"/> | |
| Full Name | <input type="text"/> | Signature |
| Capacity | <input type="text"/> | |
| Full Name | <input type="text"/> | Signature |
| Capacity | <input type="text"/> | |
| Full Name | <input type="text"/> | Signature |
| Capacity | <input type="text"/> | |
| Full Name | <input type="text"/> | Signature |
| Capacity | <input type="text"/> | |
| Full Name | <input type="text"/> | Signature |
| Capacity | <input type="text"/> | |
| Full Name | <input type="text"/> | Signature |
| Capacity | <input type="text"/> | |
| Full Name | <input type="text"/> | Signature |
| Capacity | <input type="text"/> | |

12. Board resolution to open an account

At a meeting of the Directors of held on

IT WAS RESOLVED

1. That Permanent Bank International Ltd (the "Bank") be and is hereby authorised to open an account in the name of the Company on the General Terms and Conditions of the Bank.

2. That this resolution shall constitute the Company's Mandate to the Bank to remain in force until revoked by notice in writing to the Bank signed by any two Directors or a Director and the Company Secretary acting or purporting to act on behalf of the Company and for this purpose any instructions varying or purporting to vary the Mandate contained in this Resolution shall be deemed a revocation of this Mandate.

We authorise the Bank to make any enquiries it deems necessary in connection with this application.

We understand that this deposit is governed exclusively under Isle of Man Law and funds will only be accepted at and repaid from the Bank's main place of business in Douglas, Isle of Man.

It is hereby certified that the above resolution and declarations were duly passed and entered in the Minute Book of the Company and duly signed by the Chairman and that the specimen signatures contained in this Application Form are genuine and correct.

| | |
|----------------------|---|
| Director/Secretary | Date |
| <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Director/Secretary | Date |
| <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Final Checklist

- Have you fully completed all sections of this form?
- Has the declaration and mandate been signed at Section 10?
- Have you enclosed the certified copy documents to verify the identity and residential address of each applicant?
- Have you enclosed your Sterling cheque (unless you are remitting funds electronically when the account is open)

Please provide full details of the **certifier** of the documents below (mandatory)

Full name

Title or position Profession

Professional body and qualifications for certifier (where applicable)

Certifier's office address

Telephone Fax

Email address Website

Date of certification:

Next Steps

Once you have completed the checklist above, print the application form and (if completed on a computer), make sure it is signed in accordance with the mandate in section 10 and send it in the post with your certified copy identification documents and cheque (if applicable) to the address below:

Permanent Bank International


Hillary House


Prospect Hill

Douglas

Isle of Man IM1 1EQ

If you have any questions at all, please do not hesitate to contact us by any of the following methods:

 **01624 673373** (+44 1624 673373 if calling from outside the UK)

 **01624 673263** (+44 1624 673263 if faxing from outside the UK)

 **info@permanent-bank.com**
www.permanent-bank.com

Permanent Bank International Ltd ("PBI") is licensed by the Isle of Man Financial Services Authority.

PBI is an Isle of Man registered company No: 064936C and is a wholly owned subsidiary of permanent tsb p.l.c. which is incorporated in Ireland and regulated by the Central Bank of Ireland. As PBI places funds with other parts of its Group its financial standing is linked to that of the Group. Depositors may wish to form their own view on the financial standing of PBI and the Group based on publicly available information. The latest report and accounts for PBI and the Group are available on our website www.permanent-bank.com. PBI is a participant in the Isle of Man Depositor's Compensation Scheme as set out in the Depositors' Compensation Scheme Regulations 2010.