

Reserve account personal application form

Please complete in BLOCK CAPITALS and black ink. If you need help to complete this form, please call us on 0800 289 936 (Freephone UK only) or +44 (0) 1624 645000

Which Fairbairn Private Bank office do you wish to apply for an account with:

Isle of Man Jersey London

NB: The minimum balance to be maintained: £5,000 / US\$7,500 / €7,500

1. About you ("the Accountholder") – first applicant

Title (eg, Mr/Mrs/Miss/Ms/Other) Gender

Forename(s)

Surname

Previous name(s)
(ie, maiden name, former married name(s) or if you have changed your name by deed poll)

Marital status married single divorced/separated widow(er)

Relationship between applicants

Number of dependents

Existing Fairbairn Private Bank account number (if any)

Telephone (home) Mobile number

Email address

Nationality Date of birth

Place of birth Domicile

Country of residence for taxation purposes

National insurance number

Tax identification number
(Allocated by country of residence for taxation purposes)

Do not write here – Bank use only

Account number Source code

Second applicant (only needs completing throughout if you require a joint account)

Title (eg, Mr/Mrs/Miss/Ms/Other) Gender

Forename(s)

Surname

Previous name(s)
(ie, maiden name, former married name(s) or if you have changed your name by deed poll)

Marital status married single divorced/separated widow(er)

Relationship between applicants

Number of dependents

Existing Fairbairn Private Bank account number (if any)

Telephone (home) Mobile number

Email address

Nationality Date of birth

Place of birth Domicile

Country of residence for taxation purposes

National insurance number

Tax identification number
(Allocated by country of residence for taxation purposes)

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2. About where you live – first applicant

Residential address

Post code

Do you own the property? Yes No Period at present address (in years)

If less than 3 years, please state previous addresses for that period

Post code

Address for correspondence (if different from above)

Post code

3. About what you do – first applicant

Are you? (please tick one):

employed self-employed retired (please answer all following questions for your former occupation)

Occupation

Name of employer/your business

Address of employer/your business

Post code

Business telephone number

Nature of business

Position held

How long have you been (or were you) in your current/former occupation? years months

If in current occupation or have been self-employed for less than 3 years, please give previous employment details:

Name of employer/your business

Address of employer/your business

Post code

How long were you in your previous occupation? years months

Second applicant

Residential address

Post code

Do you own the property? Yes No Period at present address (in years)

If less than 3 years, please state previous addresses for that period

Post code

Address for correspondence (if different from above)

Post code

Second applicant

Are you? (please tick one):

employed self-employed retired (please answer all following questions for your former occupation)

Occupation

Name of employer/your business

Address of employer/your business

Post code

Business telephone number

Nature of business

Position held

How long have you been (or were you) in your current/former occupation? years months

If in current occupation or have been self-employed for less than 3 years, please give previous employment details:

Name of employer/your business

Address of employer/your business

Post code

How long were you in your previous occupation? years months

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4. About your finances – first applicant

Your income:

Gross annual salary/pension (£) per annum

Other income* (£) per annum

*Please specify source

Your investments:

Value of investments held:

equities	£ <input type="text"/>	bonds	£ <input type="text"/>
mutual funds	£ <input type="text"/>	cash deposits, etc	£ <input type="text"/>
property portfolio	£ <input type="text"/>	other investments	£ <input type="text"/>

How are your investments held? in own name custodian

Name of custodian/nominee

Name of current bank

Period of time account held

Second applicant

Your income:

Gross annual salary/pension (£) per annum

Other income* (£) per annum

*Please specify source

Your investments:

Value of investments held:

equities	£ <input type="text"/>	bonds	£ <input type="text"/>
mutual funds	£ <input type="text"/>	cash deposits, etc	£ <input type="text"/>
property portfolio	£ <input type="text"/>	other investments	£ <input type="text"/>

How are your investments held? in own name custodian

Name of custodian/nominee

Name of current bank

Period of time account held

5. Gold status Visa card services

Please complete this section if you require a gold status Visa card.

Currency in which your gold status Visa card will be issued and settled:

sterling US dollars euro

The following information is required to ensure that you can be correctly identified when contacting us. Please answer the following in BLOCK CAPITALS or spaces only, providing a one word answer where possible.

First applicant

1 Favourite subject at school

2 First name of your closest friend

3 Favourite holiday

Basic criteria required for Visa application to be considered:

£10,000 (or currency equivalent) per currency card issued to be placed and maintained in a Reserve account.

Please note: If you do not meet this criteria, please call us to discuss your personal circumstances. The balance of your gold status Visa card statement and/or cash transactions generated by use of your gold status Visa card are to be debited from your Reserve account.

NB: A gold status Visa card can only be issued on accounts with 'any one to sign' arrangement.

Please see our tariff of charges for any associated gold status Visa card charges.

Second applicant

1 Favourite subject at school

2 First name of your closest friend

3 Favourite holiday

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6. European Union Savings Directive – First applicant

Isle of Man office Accountholders only: If your country of residence for taxation purposes is an EU Member State, your account(s) will be subject to automatic exchange of information* under the EU Savings Directive.

If you believe you are exempt from the directive, please tick this box

If you tick this box, you will need to complete and return exemption declaration – form B.

*** Important: Under exchange of information, you will continue to receive gross interest and we will pass certain information about you and your interest to the tax authorities.** They may subsequently compare this information with the figures included in your tax returns.

Please note: Unless you have ticked the box for exemption (and completed and returned a form B), exchange of information will be automatically applied to your account(s).

Jersey office Accountholders only: If your country of residence for taxation purposes is an EU Member State, please select one of the following options:

Retention tax (withholding tax)

Exemption

(If you tick this box you will need to complete and return exemption declaration form B)

Exchange of information**

**** Important: Under exchange of information, you will continue to receive gross interest and we will pass certain information about you and your interest to the tax authorities.** They may subsequently compare this information with the figures included in your tax returns.

Please note: Unless you have ticked the box for exemption (and completed and returned a form B), retention tax will be automatically deducted from credit interest applied to your account(s).

Second applicant

Isle of Man office Accountholders only: If your country of residence for taxation purposes is an EU Member State, your account(s) will be subject to automatic exchange of information* under the EU Savings Directive.

If you believe you are exempt from the directive, please tick this box

If you tick this box, you will need to complete and return exemption declaration – form B.

*** Important: Under exchange of information, you will continue to receive gross interest and we will pass certain information about you and your interest to the tax authorities.** They may subsequently compare this information with the figures included in your tax returns.

Please note: Unless you have ticked the box for exemption (and completed and returned a form B), exchange of information will be automatically applied to your account(s).

Jersey office Accountholders only: If your country of residence for taxation purposes is an EU Member State, please select one of the following options:

Retention tax (withholding tax)

Exemption

(If you tick this box you will need to complete and return exemption declaration form B)

Exchange of information**

**** Important: Under exchange of information, you will continue to receive gross interest and we will pass certain information about you and your interest to the tax authorities.** They may subsequently compare this information with the figures included in your tax returns.

Please note: Unless you have ticked the box for exemption (and completed and returned a form B), retention tax will be automatically deducted from credit interest applied to your account(s).

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7. Services required

Please tick appropriate boxes to indicate the services that you require immediately. You may at any time advise us that you wish to utilise other services.

Reserve account

Currency required sterling US dollars euro
 (tick all applicable)
 other (specify) _____

*Accumulation account (please refer to product literature for further details) Yes No

Do you require a chequebook? (only available in sterling) Yes No

Do you require segregation of income received? Yes No

Fixed term deposit accounts

Currency required sterling US dollars euro
 Deposit amount _____

Minimum deposit: £50,000 / US\$75,000 / €75,000

Term of deposit 1 month 3 months 6 months 1 year

Other currencies may be available by arrangement.

*High interest accumulation account (minimum balance £50,000 cash) Yes No

Third party authorisation

Authority for a third party to operate the account. Please tick box to receive a mandate.

* Available only for Isle of Man and Jersey office Accountholders. For an accumulation account you will not receive any interest earned on the account until you instruct that you wish the account to close (the account will earn interest only while the minimum balance is maintained).

8. Reason for opening your account

Please state reason for requiring an account.

If opening an account outside your country of residence, please indicate why you require an offshore account.

Please state what the account will be used for: (please tick relevant boxes)

saving day-to-day living expenses
 other (please give details) _____

9. Source of funds

Deposit amount

NB: The minimum balance to be maintained on a Reserve account: £5,000 / US\$7,500 / €7,500

Please state the source of initial funds (ie, generated from what transaction or business) used for the opening of this account.

Likely source of ongoing funds into the account:

salary/pension bonus investment proceeds

other (please specify) _____

How much do you expect to pay into the account per year? £

Please provide background details of your accumulated wealth: (please tick relevant boxes)

Category	Amount	Details/Original source of funds
<input type="checkbox"/> Inheritance	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sale of property	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sale of stocks/shares	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sale of own business	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

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10. About Fairbairn Private Bank

To assist us in our market research, would you please indicate where/how you first heard of us.

<input type="checkbox"/>	Advertising (please indicate newspaper/magazine/poster location/website)	<input type="text"/>
<input type="checkbox"/>	Internet search (eg, Google)	
<input type="checkbox"/>	Radio advert	
<input type="checkbox"/>	Reflections client newsletter	
<input type="checkbox"/>	Sponsorship	
<input type="checkbox"/>	Fairbairn Private Bank office	
<input type="checkbox"/>	Hold another account with the group	
<input type="checkbox"/>	Recommendation (please specify)	<input type="text"/>
<input type="checkbox"/>	Introducer (please give introducer's details)	<input type="text"/>
<input type="checkbox"/>	Other, please specify	<input type="text"/>

Data Protection

The information requested on this form may be used by us to assist us in providing the service you are applying for, to confirm, update and enhance our records, and to assess your credit rating and establish your identity.

This information may also be used to advise you of other products and services and additional benefits which may be of interest to you. If you wish to receive newsletters and information about our products and services please tick box.

Please note that if you do not tick the box we will not be able to tell you about additional benefits available to you.

If you wish to receive newsletters and information about other group companies' products and services please tick box.

Under the terms of the data protection legislation you are entitled to a copy of your personal data held by us on payment of a fee.

11. Authorisation

For introduced clients only

Do you wish us to divulge information to an intermediary? (please tick)

Yes No

Do you wish us to send copy statements of your account to an intermediary? (please tick)

Yes No

Do you wish to have your account details made available to an intermediary via the internet? (please tick)

If Yes, an internet application form may be sent to the intermediary.

Yes No

If you have answered **Yes** to any of the above, please give details of the intermediary.

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Post code	<input type="text"/>
Telephone number	<input type="text"/>

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12. Security password option

Do you wish to give instructions by telephone? (Please indicate) Yes No

By indicating "Yes" and signing section 16, we may accept your security password as specified as authorisation for enquiries, investment transaction instructions and foreign exchange instructions via the telephone.

Your chosen password is:

(Telephone instructions and requests for information will only be accepted if we can adequately identify the caller as the Accountholder.)

If you wish to make any payment instructions by telephone we require the full bank account details in advance. Please complete the details below and let us know should you require more special withdrawal mandate forms.

We are hereby authorised to honour without the need for further enquiry any telephone requests for withdrawals believed to be genuine, and given by one or more authorised signatories on the account as specified in the current mandate to operate the account, which should be payable to the bank/building society specified below:

Bank/building society	<input type="text"/>
Sort code number	<input type="text"/>
Beneficiary account name	<input type="text"/>
Beneficiary account number	<input type="text"/>
Bank address	<input type="text"/>
	<input type="text"/> Post code

Do not write here - Bank use only

Reviewed Date

13. Mandate to comply with withdrawal instructions given by facsimile

Important: You should take legal advice before indicating "Yes". Do not complete this section unless you want to be legally bound.

Do you wish us to accept withdrawals by facsimile? Yes No

- By indicating "Yes" and signing section 16, we are hereby authorised to comply with all instructions given by facsimile, provided that instructions are signed in accordance with the current mandate to operate the above account. We may act upon such instructions without the need for further enquiry.
- In consideration of your agreeing to allow the arrangements described in paragraph 1 above, you hereby:
 - agree that you are stopped from pleading or maintaining as against us that any instructions issued to us in accordance with the arrangements described in paragraph 1 above have been issued without your authority;
 - indemnify us and agree to keep us indemnified from and against all losses, claims, expenses and liabilities whatsoever which we may sustain or incur or become responsible for in any way as a result of us agreeing to allow the arrangements described in paragraph 1 above; and
- This mandate and indemnity is governed by the laws of the Isle of Man, Jersey or England (as applicable).

14. Mandate to comply with withdrawal instructions given by email

Important: You should take legal advice before indicating "Yes". Do not complete this section unless you want to be legally bound.

Do you wish us to accept withdrawals by email? Yes No

- By indicating "Yes" and signing section 16, we are hereby authorised to comply with all instructions within a PDF document given by email, provided that instructions are sent from the email address specified in section 1 and are signed in accordance with the current mandate to operate the above account. We may act upon such instructions without the need for further enquiry.
- In consideration of your agreeing to allow the arrangements described in paragraph 1 above, you hereby:
 - agree that you are stopped from pleading or maintaining against us that any instructions issued to us in accordance with the arrangements described in paragraph 1 above have been issued without your authority;
 - indemnify us and agree to keep us indemnified from and against all losses, claims, expenses and liabilities whatsoever which we may sustain or incur or become responsible for in any way as a result of us agreeing to allow the arrangements described in paragraph 1; and
- This mandate and indemnity is governed by the laws of the Isle of Man, Jersey or England (as applicable).

Do not write here – Bank use only

Application accepted and agreement signed on behalf of Fairbairn Private Bank.

Spending limit £

Date

Authorised signature

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15. Internet access to view your account

If you wish to apply for internet access to view your account, please complete this section. Internet access can only be provided upon receipt of a valid email address. Please ensure that you have provided this in section 1 and note that notifications will be sent to the email address of the first applicant only.

Security information

The following information is required to ensure that only you can access your account.

First applicant

1 Memorable name

(BLOCK CAPITALS or spaces only, no more than 15 characters, minimum of 3)

2 Memorable date

((DDMMYYYY) eg, 08SEP2004, no spaces)

3 Mother's maiden name

(BLOCK CAPITALS or spaces only, no more than 15 characters, minimum of 3)

4 Favourite place

(BLOCK CAPITALS or spaces only, no more than 15 characters, minimum of 3)

NB: You will be asked for any two of the above four fields each time you log on.

If more than 2 parties to the account require online access, please request additional forms.

Second applicant

1 Memorable name

(BLOCK CAPITALS or spaces only, no more than 15 characters, minimum of 3)

2 Memorable date

((DDMMYYYY) eg, 08SEP2004, no spaces)

3 Mother's maiden name

(BLOCK CAPITALS or spaces only, no more than 15 characters, minimum of 3)

4 Favourite place

(BLOCK CAPITALS or spaces only, no more than 15 characters, minimum of 3)

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15. Internet access to view your account (continued...)

By completing the information on the previous page, you hereby request us to provide access to your Reserve account. You agree that your signature(s) to this application shall be your acknowledgement that:

- (i) You have received a copy of the relevant Reserve account Terms and Conditions and agree to be bound by them;
- (ii) You have read the disclaimer page attached to the website www.fairbairnpb.com, and agree to be bound by its contents;
- (iii) The website displays all historical transactions, therefore you accept that you will not receive:
 - a) Any credit and foreign exchange advices or deposit confirmations
 - b) Bank statements, Visa statements or contract notes. All historical transactions can be printed off from the online service. Printed copies of any of the above documents are available upon request at the cost of £5.00 per sheet;**and**
- (iv) You agree never to write down the password or disclose it to anyone. If you suspect that anyone else may know this password, you will contact us immediately.

Please note: you are advised to check your account(s) online monthly and inform us immediately if any discrepancies are found.

16. Your signatures

Please read the following statements and sign below:

You confirm that the information given is true and complete.
You are (both) aged 18 or over.

You hereby request us to open an account in your name(s) and until we receive written notice to the contrary from you, you authorise us:

1. to pay and debit your account(s) for the time being opened with us in your name(s) all cheques or others, instructions or receipts for money signed by you notwithstanding that such payments may cause the account(s) to be overdrawn or increase an existing overdraft;
2. to accept remittances for the credit of your account(s) tendered to us in your name or in the name of any one of you; and
3. to deliver up anything held by us by way of security, safe custody, collection or any other purpose whatsoever on your account(s) against the written receipt or instruction of you.

You agree that your signature(s) to this individual application shall be your acknowledgement that:

1. You have received a copy of the Reserve account Terms and Conditions and agree to be bound by them;
2. the Terms and Conditions as amended from time to time shall form an agreement between you and us as if incorporated herein. Any changes to the above will be advised to you immediately;
3. You authorise us to obtain independent verification of any data provided by you; and
4. You authorise us to disclose the information contained in this form in the circumstances provided in the Terms and Conditions.

Joint accounts only

Where this mandate is signed by more than one person you acknowledge that:

1. **The Bank shall only act in accordance with notices, instructions, receipts, requests and instruments executed by Both** **All** **Any one of us;** (please tick box)
2. the liability of each such person (whether or not a signatory to the account(s)) shall be joint and several;
3. We shall on the death of any one of you hold to the order of the survivor(s) of you any money for the time being standing to the credit of your account(s) and any other asset whatsoever held by it on your behalf; and
4. You hereby waive your statutory right to receive two separate statements of account and request that statements be sent to the first named applicant.

Sign below only if you want to be legally bound by the Terms and Conditions of this account.

Signature of first applicant

Date of signature

Signature of second applicant

Date of signature

This individual account application form shall be governed by and construed in accordance with the laws of the Isle of Man, Jersey or England (as applicable).

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17. Documentation required

IMPORTANT – Documents required for all accounts

We are required to confirm the identity and address of all clients opening bank accounts. We need the following documents which will be treated as confidential and originals will be returned to you.

A **copy** of your passport(s), or a **copy** of your driving licence(s)* or a **copy** of any other government issued ID document bearing your photograph and signature **certified** by an independent solicitor, accountant, notary public, British Embassy official or an officer of an authorised credit or financial institution (as stated below);

AND

An **original** utilities bill or bank statement, not more than six months old, showing name and residential address (a **certified copy** is acceptable if completed as stated below).

To certify a document:

The certifier must state on the copy documents the following:

“I certify that this is a true copy of the original document”

and where the document includes a photograph the certifier must continue to state

“and that the photograph is a true likeness”.

The certifier should sign and date the documents, print his/her name and contact details clearly in capitals underneath and indicate his/her position or capacity on it, and affix a stamp of the institution to authenticate the certification.

If you do not possess a passport, driving licence or government issued ID card please contact us.

* **Only UK, Jersey, Guernsey or Isle of Man driving licences can be accepted.**

18. Your checklist

- All relevant sections of the application form completed.
- Isle of Man/Jersey office Accountholders only: If you are resident in an EU Member State, and believe that you are exempt from the EUSD, you must include a completed exemption declaration – form B.
- Documentation as stated in section 17.

IMPORTANT – It is essential that the above items are enclosed in order for your application to be accepted. Your account will only be operational upon completion of our account opening formalities.

Please note that additional information and/or further mandates may be required. When you have completed this form simply post it to:

Fairbairn Private Bank (IOM) Ltd or St Mary's Court 20 Hill Street Douglas Isle of Man British Isles IM1 1EU	or	Fairbairn Private Bank Ltd or Fairbairn House 31 The Esplanade St Helier Jersey Channel Islands JE1 1FB	or	Fairbairn Private Bank Old Mutual Place 2 Lambeth Hill London EC4V 4GG
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NB: We will require the original completed and signed copy of this application form to finalise account opening formalities.

Fairbairn Private Bank is a registered trade name of Fairbairn Private Bank (IOM) Limited and Fairbairn Private Bank Limited. The parent of Fairbairn Private Bank is Nedbank Group Limited, which is incorporated in South Africa and is regulated by the South African Reserve Bank. The ultimate parent of Fairbairn Private Bank is Old Mutual plc, which is incorporated in England and Wales. Fairbairn Private Bank places limited funds with other parts of its group and thus its financial standing is linked to, albeit not wholly dependent upon, that of the group. Fairbairn Private Bank has its own independent credit rating from the international credit rating agency, Moody's. Depositors may wish to form their own view of the financial standing of Fairbairn Private Bank and the group based on publicly available information. The latest report and accounts and details of the credit rating are available at www.fairbairnpb.com

Fairbairn Private Bank (IOM) Limited is licensed by the Isle of Man Financial Supervision Commission. The London office is authorised and regulated in the UK by the Financial Services Authority.

UAE representative office in Dubai licensed by Central Bank of UAE Licence No. 13/1006/2011.

Fairbairn Private Bank Limited is regulated by the Jersey Financial Services Commission. Latest audited accounts are available on request. Authorised and regulated in the UK by the Financial Services Authority in respect of regulated mortgage contracts only.

UK Financial Services Authority registration numbers:

Fairbairn Private Bank (IOM) Limited 313189

Fairbairn Private Bank Limited 313187

South African representative office established in terms of Section 34 of the Bank's Act 94 of 1990.