Corporate Application Form

fairbairn PRIVATE BANK

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

Which Fairbairn Private Bank corporate account do you wish to apply for:

☐ Fairbairn Private Bank Reserve Account

N.B. The minimum balance to be maintained: £5,000 / US$7,500 / €7,500.

☐ Fairbairn Private Bank Focus Account

N.B. The minimum balance to be maintained in cash and / or investments is £50,000 / US$75,000 / €75,000, of which at least £5,000 (or currency equivalent) must be in cash.

1. About you (the Accountholder)

Full name of account

Please open the account for the following: (please tick as appropriate)

☐ limited company ☐ limited partnership

☐ other (please specify)

Nature of company's business

Date of incorporation

Contact name

Registered office address

Post Code

Business address (if different)

Post Code

Business telephone number

Fax number

E-mail address

Do not write here – Bank use only

Account number Source code

2. Services required

Please tick appropriate boxes to indicate the service that you may require immediately.
You may at any time advise Fairbairn Private Bank "The Bank" that you wish to utilise other services.

Currency of interest bearing current account:

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

Deposit amount

Do you require a cheque book? (please tick) ☐ 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.

Focus accounts only:

Currency in which your Focus account will be reported and valued:

(tick one box only) ☐ sterling ☐ US dollars ☐ euro ☐ other (specify)

Do you require your investment income and the proceeds from the sale of investment to remain in the reporting currency or in the currency it is received? ☐ Reporting currency ☐ Currency received

Borrowing facility
Borrowing secured against investments. Subject to approval. ☐

Focus Investor Services
If you have been introduced to Fairbairn Private Bank through a financial adviser, please contact them for information on the Focus Investor Services available.
If you are a direct client of Fairbairn Private Bank and wish to utilise the Focus Investor Services, please complete this application in conjunction with the Financial Profiler Questionnaire. **Please note, this is not required for the execution only service.**

If you do not have a copy of the questionnaire, please tick the box. ☐

3. Deposit details

Please tick one of the following:

☐ We enclose a cheque / draft

Payable to either " Fairbairn Private Bank (IOM) Limited " (for an account with the Isle of Man office) or " Fairbairn Private Bank Limited " (for an account with the Jersey office).

☐ We enclose a direct transfer instruction to send to our existing bank or building society.

☐ We have arranged for funds to be transferred on: Date 2 0

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4. Reason for opening your account

Please state reason for requiring an account.

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

☐ saving ☐ day-to-day business operation

☐ other (please give details)

5. Source of funds

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

Likely source of ongoing funds into the account:

☐ sales ☐ rent ☐ investment proceeds ☐ investment income

☐ other (please specify)

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

6. About Fairbairn Private Bank

To assist us in our market research, would you please indicate where / how you first heard of Fairbairn Private Bank. Your assistance is greatly appreciated.

☐ Advertising (please indicate newspaper / magazine / poster location)

☐ Fairbairn Private Bank office

☐ Hold another account with the group

☐ Recommendation (please specify)

☐ Introducer (please give introducer's details)

☐ Other, please specify

Data Protection

The information requested on this form may be used by Fairbairn Private Bank 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 which may be of interest to you which are offered by Fairbairn Private Bank and other group companies. If you do not wish to receive newsletters and information about these products and services please tick box. ☐

Please note that ticking the box means that we will not be able to tell you about additional benefits available to our clients. 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.

7. Authorisation

Do you wish Fairbairn Private Bank to divulge information to your financial adviser? (please tick)

Yes ☐ No ☐

Do you wish Fairbairn Private Bank to send copy statements of your account to your financial adviser? (please tick)

Yes ☐ No ☐

If **Yes**, please give details of your financial adviser.

Name

Address

Telephone number

8. Security password option

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

By indicating "Yes" and in signing section 15, The Bank may accept our security password as specified as authorisation for enquiries, investment transaction instructions, foreign exchange instructions via the telephone or in conjunction with the bank account details below for payment instructions.

Our chosen password is:

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

9a. Special withdrawal mandate

The Bank is 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

Sort Code number

Beneficiary account name

Beneficiary account number

Bank address

Post Code

(Additional special withdrawal mandate forms are available on request.)

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

9b. 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 The Bank to accept withdrawal instructions by facsimile? Yes ☐ No ☐

1. By indicating "Yes" and signing section 15, The Bank is 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. The Bank may act upon such instructions without the need for further enquiry.
2. In consideration of your agreeing to allow the arrangements described in paragraph 1 above, we hereby:
   i) agree that we are stopped from pleading or maintaining as against The Bank that any instructions issued to it in accordance with the arrangements described in paragraph 1 above have been issued without our authority;
   ii) indemnify you and agree to keep you indemnified from and against all losses, claims, expenses and liabilities whatsoever which you may sustain or incur or become responsible for in any way as a result of your agreeing to allow the arrangements described in paragraph 1 above; and
3. This mandate and indemnity is governed by the laws of the Isle of Man or Jersey (as applicable).

10. 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. All originals will be returned to you.
For at least two of the account signatories, and where different, two directors, we require a **copy** of their passport, or a **copy** of their driving licence* or a **copy** of any other government issued ID document bearing their photograph and signature **certified** by an independent solicitor, accountant, notary public, British Embassy official or an officer of an authorised credit or financial institution;
AND
A recent **original** utilities bill or bank statement showing name and residential address (a **certified copy** is acceptable if completed as stated below).

The above information for account signatories/directors is also required in respect of each beneficial owner of the company (where different). See also Section 13.

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.

The certifier should sign and date the copy documents, print his / her name 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.

In addition to the above, we also require:

Limited companies
- A completed Limited Company Mandate which includes appropriate board resolution (see Section 15).
- Sight of the original Certificate of Incorporation, or receipt of a certified copy.
- A copy of the latest available accounts.

Limited partnerships
- A mandate in our standard form, signed by all partners.
- A copy of the partnership agreement.

We cannot process your application without sight of these documents which will be returned without delay. If any points cause difficulty, please contact us.

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

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11. Internet access to view your account

If you wish to apply for internet access to view your account, please complete this section.

Security information

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

First named individual

Name of person to be granted internet access

1 Memorable name

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

2 Memorable date

((DDMMMYYYY) e.g. 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)

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

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

By completing this information, we hereby request Fairbairn Private Bank to provide access to our Fairbairn Private Bank Corporate Account. We agree that our signature(s) to this application shall be our acknowledgement that:

(i) We have received a copy of the relevant Fairbairn Private Bank Terms and Conditions and agree to be bound by them;

(ii) We have read the Disclaimer page attached to the website www.fairbairnpb.com, and agree to be bound by its contents;

(iii) As the website will display all historical transactions, we accept that we will no longer automatically receive bank statements, Visa statements, credit advices, deposit confirmations or contract notes for this account. However Focus Account holders will receive a monthly integrated report regardless of internet access;

and

(iv) We agree never to write down the password or disclose it to anyone. If we suspect that anyone else may know this password, we will contact Fairbairn Private Bank immediately.

Second named individual

Name of person to be granted internet access

1 Memorable name

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

2 Memorable date

((DDMMMYYYY) e.g. 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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12. Declaration

To be made by those duly authorised by the Board of Directors (in the case of limited companies).
We wish to open an account with The Bank in accordance with the published Terms and Conditions which we acknowledge having received and to which we agree to be bound.
We authorise The Bank to make enquiries and take up references as they consider appropriate in connection with this application form and this authorisation is to remain effective until The Bank receives our written notification to the contrary.
We understand that The Bank does not accept any liability whatsoever in respect of any losses which we may suffer as a result of any fraud or negligent misuse of the banking services including telephone banking unless such loss occurs as a result of fraud or gross negligence on the part of The Bank or their employees or agents.

Please complete details of ALL directors / authorised signatories below (attach an additional sheet if necessary):

Name

Previous name(s)

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

Capacity/position

Personal address

Post Code

Signature

Date 2 0

(day / month / year)

Nationality

Date of Birth 1 9

Period at present address years months

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

Post Code

Name

Previous name(s)

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

Capacity/position

Personal address

Post Code

Signature

Date 2 0

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Period at present address years months

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Post Code

Name

Previous name(s)

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

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Nationality

Date of Birth 1 9

Period at present address years months

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

Post Code

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13. Statement of beneficial owner(s)

Please complete details of the beneficial owner(s) of the company below:

Beneficial owner 1

Part A

Name

Previous name(s)

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

If you have completed section 12, please proceed to Part B

Occupation

Personal address

Post Code

Nationality

Date of Birth 1 9

Period at present address years months

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

Post Code

Part B

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

	Category	Amount	Description
☐	Inheritance		
☐	Sale of property		
☐	Sale of stocks / shares		
☐	Savings		
☐	Sale of own business		

Beneficial owner 2

Part A

Name

Previous name(s)

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

If you have completed section 12, please proceed to Part B

Occupation

Personal address

Post Code

Nationality

Date of Birth 1 9

Period at present address years months

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

Post Code

Part B

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

	Category	Amount	Description
☐	Inheritance		
☐	Sale of property		
☐	Sale of stocks / shares		
☐	Savings		
☐	Sale of own business		

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13. Statement of beneficial owner(s) *continued*

Please complete details of the beneficial owner(s) of the company below (attach an additional sheet if necessary):

Beneficial Owner 3

Part A

Name

Previous name(s)

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

If you have completed section 12, please proceed to Part B

Occupation

Personal address

Post Code

Nationality

Date of Birth | | | | 1 9 | |

Period at present address years months

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

Post Code

Part B

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

	Category	Amount	Description
☐	Inheritance		
☐	Sale of property		
☐	Sale of stocks / shares		
☐	Savings		
☐	Sale of own business		

Beneficial Owner 4

Part A

Name

Previous name(s)

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

If you have completed section 12, please proceed to Part B

Occupation

Personal address

Post Code

Nationality

Date of Birth | | | | 1 9 | |

Period at present address years months

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

Post Code

Part B

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

	Category	Amount	Description
☐	Inheritance		
☐	Sale of property		
☐	Sale of stocks / shares		
☐	Savings		
☐	Sale of own business		

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14. Your checklist

- ☐ All relevant sections of the application form completed.
- ☐ Your cheque / direct transfer instruction for the total amount you wish to place on deposit, made payable to Fairbairn Private Bank (IOM) Limited (for an account with the Isle of Man office) or Fairbairn Private Bank Limited (for an account with the Jersey office).
- ☐ Documentation as stated in Section 10.

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 with details of your deposit to:

Fairbairn Private Bank (IOM) Ltd
St Mary's Court, 20 Hill Street,
Douglas, Isle of Man,
British Isles. IM1 1EU

or

Fairbairn Private Bank Ltd
28 New Street, St Helier, Jersey
Channel Islands. JE2 3TE

N.B. We will require the original completed and signed copy of this application form to finalise account opening formalities.

15. Company mandate

We hereby certify that at a Meeting of the Directors of

("the Company")

held at ____ on the day of ____

It was resolved:

1. THAT an account be opened with Fairbairn Private Bank ("The Bank") and that The Bank be, and hereby are, authorised and requested to pay or honour all cheques, drafts, or other orders or receipts for money purporting to be drawn or signed on behalf of the Company, and to debit the same to such account, whether such account be in credit or otherwise, provided the such cheques, drafts, orders or receipts are signed by **(insert "any two Directors" or "a Director and the Secretary" or as otherwise resolved)**

2. THAT The Bank be authorised to treat all cheques, drafts, orders or receipts as having been duly endorsed or signed on behalf of the Company and discount or otherwise deal with them provided that such endorsements purport to be signed by **(insert "any two Directors" or "a Director and the Secretary" or as otherwise resolved)**

3. THAT The Bank be and are hereby authorised to honour and comply with all instructions to deliver or dispose of any securities or documents or property held by The Bank on behalf of the Company, provided such instructions are signed by **(insert "any two Directors" or "a Director and the Secretary" or as otherwise resolved)**

4. THAT **(insert "any two Directors" or "a Director and the Secretary" or as otherwise resolved)**

are hereby authorised on behalf of the Company:

4.1 to borrow money and to obtain credit for the Company from The Bank on any terms and to make and deliver notes, drafts, acceptances, instruments of guarantee, agreements and any other obligations of the Company therefore in a form satisfactory to The Bank;

4.2 to grant security interests in and/or pledge or assign and deliver, as security for money borrowed or credit obtained, stocks, bonds, instruments, bills receivable, accounts, mortgages, merchandise, bills-of-lading, warehouse receipts and other documents, insurance policies, certificates, and any other property now or hereafter held by or belonging to the Company, with full authority to endorse, assign or guarantee any of the same in the name of the Company;

4.3 to discount any bills receivable or any paper held by the Company with full authority to endorse the same in the name of the Company;

4.4 to withdraw from The Bank and give receipt for, or to authorise The Bank to deliver to the bearer or to one or more designated persons, all or any documents and securities or other property held by it, whether held as collateral security or for safekeeping or for any other purpose;

4.5 to authorise and request The Bank to purchase or sell for account of the Company stocks, bonds and other securities;

4.6 to execute and deliver all security and other agreements, financing statements and other papers required by The Bank in connection with any of the foregoing matters and affix thereto the seal of the Company; and

4.7 to authorise the Company's bankers to respond to client identification documentation provided by The Bank by the execution and delivery to The Bank of its standard customer identification authority and other papers required by The Bank in connection with the Company's identification.

5. THAT a list of the names and specimen signatures of the persons at present authorised to sign under these resolutions be furnished to The Bank in a form satisfactory to The Bank and that they be advised in writing of all changes which may take place in the same from time to time; **and**

6. THAT a certified true copy of the Company's Certificate of Incorporation be furnished to The Bank, and copies of the latest accounts and reports of the Company where available.

We agree that our signatures to this Corporate Account Application shall be our acknowledgement that we have received a copy of The Bank's Terms and Conditions and that the Terms and Conditions as amended from time to time shall form an agreement between us and The Bank as if incorporated herein.

We hereby certify that the signatory(ies) whose specimen signature(s) appear in Section 12 are duly authorised to sign on behalf of the Company in accordance with the terms of this Corporate Account Application:

Chairman (to sign) ____

Secretary (to sign) ____

Date ____ 2 0 ____

Any changes to the above will be notified to you immediately.

The terms of this Account Application form shall be governed by and construed in accordance with the Isle of Man Law or Jersey Law (as applicable).

Fairbairn Private Bank (IOM) Limited is licensed by the Isle of Man Financial Supervision Commission to conduct Banking and Investment Business. Fairbairn Private Bank Limited is registered with the Jersey Financial Services Commission under the Banking Business (Jersey) Law 1991 and the Financial Services (Jersey) Law 1998 for Banking and Investment Business respectively. Latest audited accounts available on request. 11/04 C3a

A Member of the OLD MUTUAL Group