

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

N.B. 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)			
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			
Country of residence for taxation purposes			
Tax Identification Number*			

If your country of residence for taxation purposes is an EU Member State, please elect 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 the Exchange of Information option, 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. By ticking this box you authorise Fairbairn Private Bank to disclose the required information on your account(s).

Please note: Unless you have ticked a box for Exemption (and completed and returned a Form B) or Exchange of Information, Retention Tax (Withholding Tax) will automatically be deducted from credit interest applied to your account(s).

* 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)			
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			
Country of residence for taxation purposes			
Tax Identification Number*			

If your country of residence for taxation purposes is an EU Member State, please elect one of the following options:

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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) <input type="text"/>
If less than 3 years, please state previous addresses for that period <input type="text"/>			
	Post Code		
Address for correspondence (if different from above) <input type="text"/>			
	Post Code		

3. About what you do – First Applicant

Occupation			
If employed: Name of employer			
Address of employer			
	Post Code		
Business telephone number			
Nature of business			
Position held			
How long have you been in your current occupation?	years <input type="text"/>	months <input type="text"/>	
If self-employed: Name of business			
Address of business			
	Post Code		
Business telephone number			
Nature of business			
How long have you been self-employed?	years <input type="text"/>	months <input type="text"/>	
If retired or in current occupation / self-employed for less than 3 years, please give previous employment details:			
Name and address of employer			
	Post Code		
How long were you in your previous occupation?	years <input type="text"/>	months <input type="text"/>	

Second Applicant

Residential address			
	Post Code		
Do you own the property?	Yes ☐	No ☐	Period at present address (in years) <input type="text"/>
If less than 3 years, please state previous addresses for that period <input type="text"/>			
	Post Code		
Address for correspondence (if different from above) <input type="text"/>			
	Post Code		

Second Applicant

Occupation			
If employed: Name of employer			
Address of employer			
	Post Code		
Business telephone number			
Nature of business			
Position held			
How long have you been in your current occupation?	years <input type="text"/>	months <input type="text"/>	
If self-employed: Name of business			
Address of business			
	Post Code		
Business telephone number			
Nature of business			
How long have you been self-employed?	years <input type="text"/>	months <input type="text"/>	
If retired or in current occupation / self-employed for less than 3 years, please give previous employment details:			
Name and address of employer			
	Post Code		
How long were you in your previous occupation?	years <input type="text"/>	months <input type="text"/>	

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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. Services required

Please tick which account(s) you wish to apply for and indicate the amount to be deposited.

Fairbairn Private Bank Reserve Account

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

Accumulation Account

Yes ☐ No ☐

Deposit amount

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

Do you require a chequebook? (please tick) Yes ☐ No ☐

Gold Visa Card

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

Tick one box only sterling* ☐ US dollars ☐ euro ☐

* incorporates a £250 cheque guarantee facility

The balance of your Gold Visa card statement and/or cash transactions generated by use of your Gold Visa card are to be debited to your Fairbairn Private Bank Reserve Account.

Basic criteria required for Visa application to be considered:

1. £25,000 p.a. (or currency equivalent) minimum income.
2. £10,000 (or currency equivalent) to be placed and maintained in a Fairbairn Private Bank Reserve Account.

Please note: If you do not meet this criteria, please call us to discuss your personal circumstances.

Additional original documentation required for Gold Visa card application

Proof of income – **original** P60 for last financial year, or latest 3 months' salary slips.

If self-employed, please send accountant's confirmations of the last 3 years' profits / losses or latest 3 years' financial accounts.

And, last 6 months' **original** bank statements.

N.B. A Gold Visa card can only be issued on accounts with 'any one to sign' arrangement.

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 Yes ☐ No ☐

Third party authorisation

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

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6. Deposit details

Please tick one of the following:

☐ I / 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).

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

(day / month / year)

☐ I / We have arranged for funds to be transferred on:

Date 2 0

7. 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 living expenses

☐ other (please give details)

8. 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:

☐ 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
☐ Inheritance	<input type="text"/>	<input type="text"/>
☐ Sale of property	<input type="text"/>	<input type="text"/>
☐ Sale of stocks / shares	<input type="text"/>	<input type="text"/>
☐ Savings	<input type="text"/>	<input type="text"/>
☐ Sale of own business	<input type="text"/>	<input type="text"/>

9. About Fairbairn Private Bank

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

☐ 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 The 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.

10. Authorisation

For introduced clients only

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

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11. Security password option

Do you wish to give instructions by telephone? (Please indicate)

Yes ☐ No ☐

By indicating "Yes" and signing section 14, Fairbairn Private Bank ("The Bank") may accept my / our security password as specified as authorisation for enquiries or foreign exchange instructions via the telephone or in conjunction with the bank account details below for payment instructions.

My / 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.)

12a. 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.)

12b. 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 ☐

- By indicating "Yes" and signing section 14, 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.
- In consideration of your agreeing to allow the arrangements described in paragraph 1 above, I / we hereby:
 - agree that I am / 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 my / our authority;
 - 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
- This mandate and indemnity is governed by the laws of the Isle of Man or Jersey (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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13. 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 Applicant

1 Memorable name

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

2 Memorable date

((DDMMYYYY) 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)

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.

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

- (i) I/We have received a copy of the relevant Fairbairn Private Bank Reserve Account Terms and Conditions and agree to be bound by them;
- (ii) I/We have read the Disclaimer page attached to the website www.fairbairnpb.com, and agree to be bound by its contents;
- (iii) Bank statements: as the website will display all historical transactions, I/we accept that I/we will not receive bank statements, Visa statements, credit advices or deposit confirmations for this account. Bank statements will only be available upon request at the cost published in the Disclaimer page attached to the website www.fairbairnpb.com
- (iv) I/We agree never to write down the password or disclose it to anyone. If I/we suspect that anyone else may know this password, I/we will contact Fairbairn Private Bank immediately.

Second Applicant

1 Memorable name

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

2 Memorable date

((DDMMYYYY) 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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14. Your signatures

Please read the following statements and sign below:

I / We confirm that the information given is true and complete.

I am / We are both aged 18 or over.

I / We hereby request The Bank to open an account in my / our name(s) and until it receives written notice to the contrary from me / us, I / we authorise The Bank:

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

I / We agree that my / our signature(s) to this individual application shall be my / our acknowledgement that:

- I / We have received a copy of the Fairbairn Private Bank Reserve Account Terms and Conditions and agree to be bound by them; and
- the Terms and Conditions as amended from time to time shall form an agreement between me / us and The Bank as if incorporated herein. Any changes to the above will be advised to you immediately.
- I / We authorise The Bank to obtain independent verification of any data provided by me / us.
- I / We authorise The Bank 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 we acknowledge that:

- 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)
- the liability of each such person (whether or not a signatory to the account(s)) shall be joint and several;
- The Bank shall on the death of any one of us hold to the order of the survivor(s) of us any money for the time being standing to the credit of our account(s) and any other asset whatsoever held by it on our behalf; and
- I / We hereby waive our 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 or Jersey (as applicable).

15. 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

A recent **original** utilities bill or bank statement 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"

The certifier should sign and date the 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.

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

16. Your checklist

- ☐ All relevant sections of the application form completed.
- ☐ If you are resident in an EU Member State, and believe that you are exempt from the EUSD, completed Exemption Declaration – Form B.
- ☐ Your cheque / direct transfer instruction for the total amount you wish to place on deposit, made 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.
- ☐ Documentation as stated above in Section 15.
- ☐ If you are applying for the Gold Visa card, we require proof of income (see Section 5).

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 or **Fairbairn Private Bank Ltd**
St Mary's Court, 20 Hill Street, **28 New Street, St Helier, Jersey**
Douglas, Isle of Man, **Channel Islands. JE2 3TE**
British Isles. IM1 1EU

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

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. Registered office: 28 New Street, St Helier, Jersey. Latest audited accounts available on request. 08/05 C10

www.fairbairnpb.com