

The way in which we will use your information is set-out in our privacy notice at <https://www.shawbrook.co.uk/privacy-notice/>. If you would like a paper copy of our privacy notice, please telephone our Data Protection Officer on 01277 751 110 or write to us at the address set-out below.

Section 1 - Your business details	
Full business name	Trading name
Full trading address	Date started trading at this address
	Postcode
Registered office (if different)	Date business established
	Date business purchased (if applicable) Please note that the company must be registered in the UK to be eligible to hold an account with Shawbrook.
Company registration number (if applicable) <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"/>	Country of registration
VAT registration number (if applicable) <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"/>	
Contact name	Position held
Telephone	Mobile
Fax	Email
Business Type (please tick as appropriate) Sole trader <input type="checkbox"/> Limited company/PLC <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Please note that if you tick Local Authority please complete the box labelled Budget Local Authority <input type="checkbox"/> (If ticked please confirm allocated budget) Budget: <input type="text"/>	
Number of Directors/Partners (where applicable)	Number of employees
Please provide details of all shareholders (individuals/entities) and their percentage shareholdings	
	%
	%
Please provide the name and address of any shareholders who have a 25% or more share in the business. (Please complete in section 3)	
If the company is Limited by Guarantee we will require a minimum of 2 directors to complete the application form and anyone else who is able to give instructions and operate the account. (Please complete in section 3)	
Annual turnover £	For year ended
Balance sheet total £	For year ended
Nature of business	

Section 2 - Your banking requirements

(Please ensure you have read the key product information document before completing this section)

Which Business Savings Account do you wish to open? (Please quote the product name as it appears on the top of the Key Product Information document)

Amount that you wish to invest £

Source of investment

Your initial deposit can be made by either of the following methods:

- 1) Forward a cheque to us with your completed application form. Cheques are to be made payable to the business from your nominated bank account.
- 2) Electronic payments can be made by BACS/CHAPS/internet transfer directly to your account once you have received these details in your welcome letter. Payments should be received from your nominated account.

Cheque deposits must be drawn on a bank or building society account in the name of the business.

NOMINATED BANK ACCOUNT

This account must be a UK bank account held in the name of the business. Please note that for withdrawals and account closures, funds will only be returned to the account detailed below. Please provide an original or certified copy of the business bank statement (internet copies not acceptable).

Bank name

Account name

Sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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How long have you held this account?

Year/s

Month/s

How do you want your interest paid?

Please note, if none or both boxes are ticked, interest will be added to your Shawbrook account

Add to my Shawbrook Business Savings Account

Send to my nominated account (detailed as above)

Section 3 - Account holder's personal details

(Directors/Partners/Shareholders and Sole Traders). All individuals named must be permanent UK residents. Should this cease to be the case you must notify us immediately.

Title Surname

Title Surname

First name(s)

First name(s)

Position held within the organisation

Position held within the organisation

Nationality

Country of birth

Nationality

Country of birth

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are you a permanent UK resident?

Yes No

(Excludes Channel Islands, Isle of Man and other crown dependencies)

Please note that you must be a permanent UK resident to be eligible to hold an account with Shawbrook. Should you cease to be, you must notify us immediately.

Are you a permanent UK resident?

Yes No

(Excludes Channel Islands, Isle of Man and other crown dependencies)

Please note that you must be a permanent UK resident to be eligible to hold an account with Shawbrook. Should you cease to be, you must notify us immediately.

Home address

Postcode

Home address

Postcode

Home telephone

Home telephone

Mobile telephone

Mobile telephone

Email

Email

Time at home address

years

months

Time at home address

years

months

If less than 3 years, please give previous address (YOU MUST SUPPLY 3 YEARS' ADDRESS HISTORY. PLEASE USE SECTION 7 FOR FURTHER DETAILS IF NECESSARY)

Previous address	Postcode	Previous address	Postcode
Time at previous address	years	months	Time at previous address
years	months	years	months
Previous address	Postcode	Previous address	Postcode
Time at previous address	years	months	Time at previous address
years	months	years	months

Title	Surname	Title	Surname
First name(s)		First name(s)	
Position held within the organisation		Position held within the organisation	
Nationality	Country of birth	Nationality	Country of birth
Date of birth	<input type="text"/>	Date of birth	<input type="text"/>
Are you a permanent UK resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a permanent UK resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<small>(Excludes Channel Islands, Isle of Man and other crown dependencies)</small>		<small>(Excludes Channel Islands, Isle of Man and other crown dependencies)</small>	
Please note that you must be a permanent UK resident to be eligible to hold an account with Shawbrook. Should you cease to be, you must notify us immediately.		Please note that you must be a permanent UK resident to be eligible to hold an account with Shawbrook. Should you cease to be, you must notify us immediately.	

Home address	Postcode	Home address	Postcode
Home telephone		Home telephone	
Mobile telephone		Mobile telephone	
Email		Email	
Time at home address	years	months	Time at home address
years	months	years	months

If less than 3 years, please give previous address (YOU MUST SUPPLY 3 YEARS' ADDRESS HISTORY. PLEASE USE SECTION 7 FOR FURTHER DETAILS IF NECESSARY)

Previous address	Postcode	Previous address	Postcode
Time at previous address	years	months	Time at previous address
years	months	years	months
Previous address	Postcode	Previous address	Postcode
Time at previous address	years	months	Time at previous address
years	months	years	months

Section 4 - Additional authorised signatories personal details (All individuals named must be permanent UK residents. Should this cease to be the case you must notify us immediately.)

This section is for nominating people other than the account holder(s) to operate the account. Please use Section 7 for further details if necessary.

Title	Surname	Title	Surname
First name(s)		First name(s)	

Position held within the organisation		Position held within the organisation	
Nationality	Country of birth	Nationality	Country of birth
Date of birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		Date of birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Are you a permanent UK resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a permanent UK resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<small>(Excludes Channel Islands, Isle of Man and other crown dependencies)</small>		<small>(Excludes Channel Islands, Isle of Man and other crown dependencies)</small>	
Please note that you must be a permanent UK resident to be eligible to hold an account with Shawbrook. Should you cease to be, you must notify us immediately.		Please note that you must be a permanent UK resident to be eligible to hold an account with Shawbrook. Should you cease to be, you must notify us immediately.	
Home address		Home address	
<input type="text" value="Postcode"/>		<input type="text" value="Postcode"/>	
Home telephone		Home telephone	
Mobile telephone		Mobile telephone	
Email		Email	
Time at home address years months		Time at home address years months	

If less than 3 years, please give previous address (YOU MUST SUPPLY 3 YEARS' ADDRESS HISTORY. PLEASE USE SECTION 7 FOR FURTHER DETAILS IF NECESSARY)

Previous address		Previous address	
<input type="text" value="Postcode"/>		<input type="text" value="Postcode"/>	
Time at previous address years months		Time at previous address years months	
Previous address		Previous address	
<input type="text"/>		<input type="text"/>	
Time at previous address years months		Time at previous address years months	

Section 5 - Account information security

If you are an existing business customer, do not complete this section

We have a commitment to providing a personal and secure service to all of our customers. In order to facilitate the handling of your telephone queries securely, we request that you provide us with a memorable word which will assist members of staff in verifying you or your representative's identity.

(Please choose a word with no more than 15 characters)

Applicant 1 memorable word

<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"/>
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Applicant 2 memorable word

<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"/>
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Applicant 3 memorable word

<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"/>
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Applicant 4 memorable word

<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"/>
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Section 8 - Signing rules for your account

Please tell us how you require transactions to be authorised on your account. (Please tick and name as appropriate)

- Any one signatory mentioned in Section 3 or 4
- Any two of the signatories mentioned in Section 3 or 4
- One specific person (Please name below)
- All signatories must sign
- Any other combination of signatures (Please name below)

Section 9 - Marketing

From time to time, we may wish to send you marketing information and newsletters about our own products and services by email and post. We may also wish to call you by telephone about our own products and services. If you do not want to hear from us in this way, you can opt-out by ticking the options below. If you do not opt-out now, you can contact us to tell us not to send further marketing at any time. Further details about how to do this, what our lawful reason is for this processing of your personal information and about your rights under data protection law, including in relation to marketing, are set out in the privacy notice referred to at the beginning of this application form.

- I do not wish to hear from you by **email** in relation to marketing.
- I do not wish to hear from you by **post** in relation to marketing.
- I do not wish to hear from you by **telephone** in relation to marketing.

DECLARATION - PLEASE ENSURE ALL OF THE BELOW TICK BOXES HAVE BEEN COMPLETED (FAILURE TO COMPLETE THIS WILL RESULT IN THE APPLICATION BEING RETURNED)

- I/We have read and agree to be bound by the conditions of the Business Savings Account as set out in the Key Product Information document, Terms and Conditions, and this application.
- I/We declare that the information provided on this form is true and accurate.
- I/We agree to notify Shawbrook in writing of any changes to the signatory/signatories to the account and understand that any new signatory/signatories will need to be identified before acceptance by the Bank.
- I/We acknowledge that an account cannot be opened until Shawbrook is in receipt of satisfactory identification.
- I/We understand that interest is paid gross.
- I/We have received and have read the Financial Services Compensation Scheme Information Sheet and Exclusions List.
- I/We have read the Privacy Notice referred to at the beginning of this application form

All sole traders/directors/partners/members and additional signatories please sign and date below:

Print name	Print name
Signature	Signature
Date	Date
Print name	Print name
Signature	Signature
Date	Date
Print name	Print name
Signature	Signature
Date	Date

Please return completed application forms and any supporting documentation to:
Shawbrook Bank Limited, Lutea House, Warley Hill Business Park, The Drive, Great Warley, Brentwood, Essex CM13 3BE.

SHAWBROOK BANK LIMITED
REGISTERED OFFICE: LUTEA HOUSE, WARLEY HILL BUSINESS PARK, THE DRIVE, GREAT WARLEY, BRENTWOOD, ESSEX, CM13 3BE.
REGISTERED IN ENGLAND AND WALES - COMPANY NUMBER 388466. AUTHORISED BY THE PRUDENTIAL REGULATION AUTHORITY AND REGULATED BY THE FINANCIAL CONDUCT AUTHORITY AND THE PRUDENTIAL REGULATION AUTHORITY.



Protected

**Shawbrook
Bank**

Financial Services Compensation Scheme Information Sheet

Basic Information about the protection of your eligible deposits

Eligible deposits in Shawbrook Bank Limited are protected by:	The Financial Services Compensation Scheme ("FSCS"). ¹
Limit of protection:	£85,000 per depositor per bank / building society / credit union
If you have more eligible deposits at the same bank / building society / credit union:	All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £85,000. ²
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately. ³
Reimbursement period in case of bank, building society or credit union's failure:	15 working days. ⁴
Currency of reimbursement:	Pound sterling (GBP, £) or, for branches of UK banks operating in other EEA Member States, the currency of that State.
To contact Shawbrook Bank Limited for enquiries relating to your account:	Shawbrook Bank Limited Lutea House, Warley Hill Business Park, The Drive, Great Warley, Brentwood, Essex, CM13 3BE Tel: 0345 266 6611 Email: savings@shawbrook.co.uk
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100 Email: ICT@fscs.org.uk
More information:	http://www.fscs.org.uk

Additional information

¹ Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

² General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- (a) certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- (b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- (c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under <http://www.fscs.org.uk>

³ Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.



Protected



Shawbrook Bank

Financial Services Compensation Scheme Information Sheet

⁴ Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses or operating costs (in the case of a depositor which is not an individual or a large company) within 5 working days of a request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under <http://www.fscs.org.uk>.

Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

Financial Services Compensation Scheme Exclusions List

A deposit is excluded from protection if:

- (1) The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
- (2) The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- (3) It is a deposit made by a depositor which is one of the following:

- credit institution
- financial institution
- investment firm
- insurance undertaking
- reinsurance undertaking
- collective investment undertaking
- pension or retirement fund ⁵
- public authority, other than a small local authority

For further information about exclusions, refer to the FSCS website at www.FSCS.org.uk.

⁵ Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.