

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 applying on behalf of a Limited Company, please also provide the name and address of any shareholders who have a 25% or more share in the business or Other Persons of Significant Control. Please note that if applying on behalf of a Company Limited by Guarantee, we require a minimum of 2 directors to complete section 5 of the application form, in addition to anyone else who is able to give instructions and operate the account.

ALL alterations **MUST** be initialled - failure to do so could result in a delay in processing the application.

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) <small>Please note that the company must be registered in the UK to be eligible to hold an account with Shawbrook.</small>		
Nature of business			
Company registration number (if applicable) <input type="text"/>	Country of registration		
VAT registration number (if applicable) <input type="text"/>			
Main business contact	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"/>			
For all Directors/ Partners not listed as a signatory, please provide their name and current address in Section 11.			
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 or other Persons of Significant Control. (Please complete in section 2). (Please use section 11 if required).			
Annual turnover £	For year ended		
Balance sheet total £	For year ended		
Net Assets £	For year ended		
Does the business have any links to offshore jurisdictions? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Section 2 - Shareholders with a percentage of 25% or above or other Persons with Significant Control

A Shareholding in company %		B Shareholding in company %	
Title	Surname	Title	Surname
First name(s)		First name(s)	
Nationality		Nationality	
Date of birth		Date of birth	
Are you a permanent UK resident? Yes <input type="checkbox"/> No <input type="checkbox"/> (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 <input type="checkbox"/> No <input type="checkbox"/> (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		Home address	
Postcode		Postcode	

C Shareholding in company %		D Shareholding in company %	
Title	Surname	Title	Surname
First name(s)		First name(s)	
Nationality		Nationality	
Date of birth		Date of birth	
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Home address		Home address	
Postcode		Postcode	

Section 3 - Business account (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)

Source of investment	Amount that you wish to invest £
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Your initial deposit can be made by either of the following methods:

- Forward a cheque to us with your completed application form. Cheques are to be made payable to the business from your nominated bank account.
- 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.

Section 4 - 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.

Bank name	
Account name	
Sort code	Account number
How long have you held this account?	Month/s
Year/s	
How do you want your interest paid?	<input type="checkbox"/> Add to my Shawbrook Business Savings Account <input type="checkbox"/> Send to my nominated account (detailed as above)
Please note, if none or both boxes are ticked, interest will be added to your Shawbrook account	

Section 5 - Account holder's personal details

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

A	B
Title <input type="text"/> Surname <input type="text"/>	Title <input type="text"/> Surname <input type="text"/>
First name(s) <input type="text"/>	First name(s) <input type="text"/>
Position held within the organisation <input type="text"/>	Position held within the organisation <input type="text"/>
Nationality <input type="text"/>	Nationality <input type="text"/>
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"/> <input type="text"/>	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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Home telephone <input type="text"/>	Home telephone <input type="text"/>
Mobile telephone <input type="text"/>	Mobile telephone <input type="text"/>
Email <input type="text"/>	Email <input type="text"/>
Time at home address <input type="text"/> years <input type="text"/> months	Time at home address <input type="text"/> years <input type="text"/> months
If less than 3 years, please give previous address (YOU MUST SUPPLY 3 YEARS' ADDRESS HISTORY. PLEASE USE SECTION 11 FOR FURTHER DETAILS IF NECESSARY)	
Previous address <input type="text"/> <input type="text"/> Postcode <input type="text"/>	Previous address <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Time at previous address <input type="text"/> years <input type="text"/> months	
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DECLARATION - PLEASE ENSURE ALL OF THE BELOW TICK BOXES HAVE BEEN COMPLETED (FAILURE TO COMPLETE THIS WILL RESULT IN THE APPLICATION BEING RETURNED)

- I have read and agree to be bound by the Business Savings Account conditions as set out in the Key Product Information document, Terms and Conditions, and this application.
- I declare that the information provided in this form is true and accurate.
- I acknowledge that an account cannot be opened until Shawbrook Bank Limited is in receipt of satisfactory identification.
- I understand that interest is paid Gross.
- I have read the Privacy Notice referred to at the beginning of this form.

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- I declare that the information provided in this form is true and accurate.
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- I have read the Privacy Notice referred to at the beginning of this form.

Signed	Signed
Date	Date

C	D
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Title Surname	Title Surname
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First name(s)	First name(s)
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Position held within the organisation	Position held within the organisation
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Nationality	Nationality
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Date 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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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> 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 <input type="checkbox"/> No <input type="checkbox"/> <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.
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Home address	Home address
Postcode	Postcode

Home telephone	Home telephone
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Mobile telephone	Mobile telephone
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Email	Email
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Time at home address years months	Time at home address years months
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If less than 3 years, please give previous address (YOU MUST SUPPLY 3 YEARS' ADDRESS HISTORY. PLEASE USE SECTION 11 FOR FURTHER DETAILS IF NECESSARY)

Previous address	Previous address
Postcode	Postcode

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

Time at previous address years months	Time at previous address years months
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In order to facilitate your telephone queries securely, when you contact Shawbrook you will be asked to answer some security questions so we can be confident we are dealing with you. (maximum 15 characters). If you are already an eSavings customer you are not required to complete the memorable information.

Surname of your favourite teacher at school? <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"/> <input type="text"/> <input type="text"/>	Surname of your favourite teacher at school? <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"/> <input type="text"/>
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Signed	Signed
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>

Section 6 - 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 11 for further details if necessary.

A	B
Title Surname	Title Surname
First name(s)	First name(s)
Position held within the organisation	Position held within the organisation
Nationality	Nationality
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"/> <input type="text"/> <input type="text"/> <input type="text"/>	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"/> <input type="text"/> <input type="text"/>
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Home address	Home address
<input type="text"/>	<input type="text"/>
Postcode	Postcode
<input type="text"/>	<input type="text"/>
Home telephone	Home telephone
Mobile telephone	Mobile telephone
Email	Email

Time at home address	years	months	Time at home address	years	months
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If less than 3 years, please give previous address (YOU MUST SUPPLY 3 YEARS' ADDRESS HISTORY. PLEASE USE SECTION 11 FOR FURTHER DETAILS IF NECESSARY)

Previous address	Postcode	Previous address	Postcode
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Time at previous address	years	months	Time at previous address	years	months
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Previous address	Postcode	Previous address	Postcode
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Time at previous address	years	months	Time at previous address	years	months
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Surname of your favourite teacher at school?	Surname of your favourite teacher at school?
<input type="text"/>	<input type="text"/>

Memorable date (not Date Of Birth or Birth dates of children)	Memorable date (not Date Of Birth or Birth dates of children)
<input type="text"/>	<input type="text"/>

First name of favourite historical character	First name of favourite historical character
<input type="text"/>	<input type="text"/>

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Signed	Signed
Date	Date

Section 7 - Signing rules for your account

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

- | | |
|---|--|
| <input type="checkbox"/> Any one signatory mentioned in Section 5 or 6 | <input type="checkbox"/> All signatories must sign |
| <input type="checkbox"/> Any two of the signatories mentioned in Section 5 or 6 | <input type="checkbox"/> Any other combination of signatures (Please name below) |
| <input type="checkbox"/> One specific person (Please name below) | |
-
-
-

Section 8 - Mandate

Please ensure you have read the relevant mandate below and the Business Savings Account Terms and Conditions, before signing your application. If you are a **sole trader**, please proceed directly to Section 9.

Mandate of your PARTNERSHIP

1. We authorise the Bank to act on any instructions concerning the account in accordance with the authorities set out in this application.
2. We agree that the list of officials in the partnership who are authorised to sign instructions on its behalf as set out in this application is accurate.
3. We agree to notify the Bank of any changes to signatories or otherwise relevant to the operation of the account.
4. We confirm that this mandate shall remain in force and the Bank may act upon it until we notify the Bank that it is to end or be changed.

Mandate of your LIMITED COMPANY

The following are the resolutions of the company:

1. The company authorises the Bank to act on any instructions concerning the account in accordance with the authorities set out in this application.
2. The company agrees that the list of directors and/or other officials of the company who are authorised to sign instructions on its behalf as set out in this application is accurate.

3. The company agree to notify the Bank of any changes to signatories or otherwise relevant to the operation of the account.
4. The company confirms that this mandate shall remain in force and the Bank may act upon it until the company notifies the Bank that it is to end or to be changed.

It is certified that the above resolutions were duly passed and entered into the minute book of the company and duly signed by the chairman and that the specimen signatures shown in this application are correct.

Mandate of your LIMITED LIABILITY PARTNERSHIP

1. We authorise the Bank to act on any instructions concerning the account in accordance with the authorities set out in this application.
2. We agree that the list of directors and/or other officials of the limited liability partnership who are authorised to sign instructions on its behalf as set out in this application is accurate.
3. We agree to notify the Bank of any changes to signatories or otherwise relevant to the operation of the account.
4. We confirm that this mandate shall remain in force and the Bank may act upon it until we notify the Bank that it is to end or be changed.

Section 9 - Marketing

Once your account has been opened, we may want to contact you by email, post or telephone with marketing information and updates about our own products and services only. If you do not want to hear from us in this way, you can opt out by ticking any of the options below or by contacting us at any time.

- I do not want to hear from you by email
- I do not want to hear from you by post
- I do not want to hear from you by telephone

For more details about how we will use your information and your rights relating to your personal information please see our privacy notice at www.shawbrook.co.uk/privacy-notice. If you have made a joint application, then you must inform the joint applicant of the information contained in the Shawbrook Privacy Notice and have their prior agreement to disclose to us their information. By proceeding, you acknowledge having read our privacy notice.

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.

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 fund⁵
- 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.