

Application for Opening Business Account

<p>The Branch Manager, Branch: _____</p> <p>Dear Sir/Madam, I/We request you to open a business account styled as:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1. Sole proprietor</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Partnership</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Limited Company</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Any other (pl. specify)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> </table> </div>	1. Sole proprietor	<input type="checkbox"/>	2. Partnership	<input type="checkbox"/>	3. Limited Company	<input type="checkbox"/>	4. Any other (pl. specify)		_____		<p><i>For office use:</i> <i>Customer ID.:</i> _____</p> <p><i>Account No.:</i> GBP - _____ USD - _____ EURO - _____</p> <p><i>Proof of identity and address obtained:</i> _____</p> <p><i>Officer's signature:</i> _____ <i>Date:</i> _____</p> <p><i>Manager's signature:</i> _____ <i>Date:</i> _____</p>
1. Sole proprietor	<input type="checkbox"/>										
2. Partnership	<input type="checkbox"/>										
3. Limited Company	<input type="checkbox"/>										
4. Any other (pl. specify)											

Pl. tick relevant box. Pl. use capitals.

1. GENERAL ACCOUNT DETAILS

1. Currency of the Account:

GBP

USD

EUR

2. Name of the Sole Proprietor/Partners/Directors:

Sr.	Name	Designation
1.		
2.		
3.		
4.		
5.		

In case of more names please attach separate sheet.

3. Operating instructions (Pls. tick):

Self

Any one of the Directors/Partners

Jointly

Others (Pl. specify):	
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2. DETAILS OF YOUR BUSINESS

2.1 All business types to complete

<p>Full title of your business</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Correspondence address of the business (if different from business trading address)</p> <input type="text"/> <input type="text"/> <input type="text"/> Postcode						
<p>Your expected annual turnover</p> <input type="text"/>	<p>Business contact numbers including area dialing codes</p> <table border="1"> <tr><td>Telephone</td><td><input type="text"/></td></tr> <tr><td>Mobile</td><td><input type="text"/></td></tr> <tr><td>Fax</td><td><input type="text"/></td></tr> </table>	Telephone	<input type="text"/>	Mobile	<input type="text"/>	Fax	<input type="text"/>
Telephone	<input type="text"/>						
Mobile	<input type="text"/>						
Fax	<input type="text"/>						
<p>Principal business activity</p> <input type="text"/>	<p>VAT Registration Nos.</p> <input type="text"/>						
<p>Date business started</p> <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	<p>Name of your accountant</p> <input type="text"/>
D	D	M	M	Y	Y		
<p>Your full business trading address</p> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <p>Email:</p> <input type="text"/>	<table border="1"> <tr><td>Tel. no.</td><td><input type="text"/></td></tr> <tr><td>Email</td><td><input type="text"/></td></tr> </table>	Tel. no.	<input type="text"/>	Email	<input type="text"/>		
Tel. no.	<input type="text"/>						
Email	<input type="text"/>						
<p>Length of time at this address?</p> <p>Years Months</p> <table border="1"> <tr> <td>Y</td><td>Y</td><td>M</td><td>M</td> </tr> </table>	Y	Y	M	M	<p>Accountant's address</p> <input type="text"/> <input type="text"/> <input type="text"/> Postcode		
Y	Y	M	M				

If Sole proprietor or Partnership, proceed to Section 3.

If Limited company or Limited Liability Partnership proceed to Section 2.2

2.2 Limited Companies and Limited Liability Partnerships only to complete

<p>Account title (if different from full name of your business)</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Registered office address of the business (if different from business trading address)</p> <input type="text"/> <input type="text"/> <input type="text"/> Postcode						
<p>Company/Limited Liability Partnership registration number</p> <input type="text"/>	<p>Date of incorporation/registration</p> <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table> <p><i>If a Limited Company proceed to Section 2.3</i> <i>If a Limited Liability Partnership proceed to Section 3.</i></p>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		

2.3 For Limited Companies only to complete - confirmation of all shareholders with a holding of 20% or more:

Full name	Shareholding (%)	
<input type="text"/>	<input type="text"/>	Letter provided: <input type="checkbox"/> Shareholders details confirmed as per the letter attached, signed by either the Company Secretary, a formation agent, an external solicitor or an external qualified accountant (please enclose with account opening pack) Or Level of each member's liability confirmed as per the letter attached for companies limited by guarantee.
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
As company secretary/Director, I confirm that the details given above are true. Your name (or name of Corporate Company Secretary on whose behalf you are signing)		
<input type="text"/>		
Your signature		
<input type="text"/>		
Date:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

2.4 Treating Customers Fairly & Handling Customer Complaints

- If you are dissatisfied with any availed product(s) or service(s) you have the right to lodge complaint against the Branch/Bank through the bank's internal complaints procedure. In case for any reason, you are not satisfied with the redressal offered by the Bank, then you may contact the Financial Ombudsman Service, the address and contact of which maybe obtained from the Branch Manager whenever needed.
- In order to ensure you are treated fairly and justly in all dealings with the Bank at all times, the Bank has introduced a policy namely Treating Customers Fairly (TCF) Policy. Details of the policy can be accessed from our Bank's website <https://www.bankofbarodauk.com>

3. UNDERSTANDING THE PARTIES TO THE ACCOUNT

(to be filled separately by each signatory)

Details of Sole Proprietor/Partner/Director:

Position in business 1. Sole Proprietor <input type="checkbox"/> 2. Partner <input type="checkbox"/> 3. Director <input type="checkbox"/> 4. Member (LLPs) <input type="checkbox"/> 5. Beneficial Owner <input type="checkbox"/> 6. Mandatee/Authorised Signatory <input type="checkbox"/>	Your nationality <input type="text"/>
Other (please explain) <input type="text"/>	Your Passport Number <input type="text"/>
Your title and full name <input type="text"/>	Date of Issue & Expiry of Passport <input type="text"/>
Your date of birth: D D M M Y Y	Name of Personal Bank & Branch <input type="text"/>
Percentage share in business <input type="text"/>	Account number <input type="text"/>
Your contact particulars (with area codes) Home <input type="text"/> Mobile <input type="text"/> Work <input type="text"/> Fax <input type="text"/>	In case an existing BoB customer, Your Customer ID <input type="text"/>
Email <input type="text"/>	Your agreement with us I confirm that the details on this form are accurate and authorize you to make enquiries to check this information. I apply to open a current account and (if applicable) such other accounts with the Bank as notified by the Bank. I would prefer not to receive marketing material from you about your bank's products or services. (Please tick here). <input type="checkbox"/> Please note that if you tick this box we will be unable to notify you about any new products or services that may be of benefit to you.
Your home address (where you live) <input type="text"/> <input type="text"/> Postcode <input type="text"/>	Your signature <input type="text"/>
How long have you lived at this address? Years Months Y Y M M	Date: D D M M Y Y
Your previous home address (if less than 3 years at present address) <input type="text"/> <input type="text"/> Postcode <input type="text"/>	

4. KNOW YOUR BUSINESS (KYB) - INTERVIEW NOTE

Business Name

Nature of your business/activities. Describe a typical job/day. Is there any supporting business documentation (Business plan etc.)?

Is it an existing business or a new set up? What set up costs are involved and how are they funded? (E.g. Savings, family loans, etc.)

Your activities prior to this business?

Your business premises (owned / rented /lease terms etc.)

Your expected cross-border dealings (please also name the countries).

Methods and frequency of deposits in your account (Cash, cheques, electronic payments, overseas funds)

Any other information you wish to share. Does the information supplied by the customer compare to the Companies House Search results? If not, explain the discrepancies

Signature of Sole proprietor/Partner/Director/Company Secretary

Comments of the Manager/Officer:

Risk Assessment: LR MR HR
(pl. tick)

Authorized Signatory (Bank of Baroda) _____
Date

5. BOARD RESOLUTION

WE HEREBY CERTIFY that the following Resolution was duly passed by the Board of Directors of the Company at a meeting of the Board duly convened and held on the..... and that such Resolution has been duly recorded in the Minute Book of the Company.

RESOLUTION

RESOLVED:-

1. THAT an account or accounts be opened with Bank of Baroda
2. THAT the said Bank is hereby authorized
 - (a) To honour cheques, bills of exchange and promissory notes expressed to be drawn, signed, accepted or made by or on behalf of the Company, drawn upon or made payable at the said Bank, whether the account or accounts of the Company is or are in debit or overdrawn thereby or otherwise
 - (b) To honour any orders to withdraw any or all moneys on any deposit or other account or accounts of the Company with the said Bank or any or all securities, documents or other property of the Company from time to time in the possession of the said Bank.
 - (c) To act on any instructions with regard to any such account or accounts (whether in credit or in debit or overdrawn thereby) or any transactions of the Company.

Provided that the same are signed by*

.....

.....

.....

*Insert "any one Director and the Secretary", or as the case may be.

3. THAT any cheque, bill of exchange, promissory note or other instrument shall be treated as duly endorsed by the Company if the endorsement is signed for or on behalf of the Company by*

.....

.....

.....

4. THAT any indemnity or counter-indemnity required by the said Bank from the Company in connection with the Company's business be effective if signed for or on behalf of the Company by*

.....

.....

.....

5. THAT the said Bank be furnished with a list of the Directors, Secretary and authorized officials of the Company and be from time to time informed in writing under the hand of any Director of the Company of any change which may from time to time take place therein, and be entitled to act on any such notice.

6. THAT this Resolution be communicated to the said Bank and remain in force until receipt by the said Bank of notice in writing signed by any Director of the Company altering varying withdrawals or rescinding the same.

.....Chairman

.....Secretary

6. SPECIMEN SIGNATURE CARD

1	Full title of account	:	
2	Customer Id.	:	
3	Operating Instructions	:	

Sr.	Name of the Authorised Signatory	Specimen Signature
1.		
2.		
3.		
4.		
5.		

On Company letter head
(Applicable in case of companies only)

7. UNDERTAKING TO BANK OF BARODA

Dear Sirs,

Re: Banking facilities with yourselves

We, the Directors and Secretary of the below named Company do hereby specifically confirm that no debenture or other form of floating charge has been given/agreed to be given by this company over any of the company's assets to any other bank/party.

We hereby authorise you to carry out a company search with respect to this company and debit the requisite expenses/charges to our account.

Yours faithfully,

.....

(To be signed by Authorised Signatory/Director/Company Secretary).

8. TELECOMMUNICATION MANDATE

THIS AGREEMENT IS MADE THIS _____ day of _____

Two Thousand and _____ AND BETWEEN BANK OF BARODA, of the one

part AND _____ (hereinafter called

'the Customer') of the other party:

WHEREAS

- A. The Customer has opened or may in the future open one or more accounts with the Bank and in all cases has executed or will execute mandates in respect thereof.
- B. At the request of the Customer and subject as hereinafter set out the Bank has agreed to act upon instructions received by email, telephone, fax, telex, telecopier, telegram, cable or similar and in consideration thereof the Customer has agreed to give the Bank the covenant undertaking and indemnity hereinafter contained.

THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this agreement:

- ✓ The expression 'the Customer' shall be deemed to include one or more individuals, as limited liability company, a corporation, trust or any other legal entity and their respective heirs, estates and successors.
- ✓ The expression 'the mandate' shall mean the mandate in force from time to time in respect of each account.
- ✓ Each and every covenant undertaking and liability of each signatory hereto if more than one shall be joint and several on their part and be construed accordingly.
- ✓ The singular shall include the plural and vice versa.

2. The Customer hereby irrevocably and unconditionally authorises the Bank to act upon unauthenticated instructions which appear or purport to be from the Customer or from the person authorised under the mandate and which are received by email, telephone, fax, telex, telecopier, telegram, cable or other means of electronic communication.

The Bank shall be under no duty or obligation to make any inquiry into or to, in any way, to verify instructions received from the person authorised under the account mandate. Any failure on its part to do so shall not render the covenant undertaking and indemnity on the Customer's part set out above invalid illegal or unenforceable and shall not impair the same in any way.

3. In the event of the Bank acting upon instructions so received THEN:

- ✓ The Customer covenants and undertakes that the Customer will make no claim of any kind in any jurisdiction against the Bank or its successors/agents in respect of any delay/ loss damage cost or expense the Customer may suffer, incur or sustain directly or indirectly as a consequence our failure to carry out instructions/obligations, if, we reasonable believe that there may be fraudulent activity or other financial crime affecting the transaction or we are required not to comply with the instructions any law, regulation or court order or due (directly or indirectly) to circumstances beyond our reasonable control preventing us from offering a normal service (such as the failure of any machine, data processing system or transmission link or due to industrial dispute, terrorist threat etc)
- ✓ The Customer agrees to indemnify and to keep indemnified the Bank and its agents against all actions proceedings, liabilities, demands, claims, damages, costs and expenses which the Bank or its agent may suffer incur or sustain directly or indirectly as a consequence thereof.

4. The Customer encloses a duly certified copy of a resolution of our board passed on [] authorizing any one of [] to act on our behalf in giving of instructions to you and the conclusion of agreements with you by telephone, tested or untested telex or facsimile transmission.

5. This agreement shall be governed by and be construed in accordance with the laws of England and Wales and the parties hereby agree that any legal action or proceedings arising out of or in connection with this agreement may be brought in the Courts of England and Wales.

SIGNATURE of the Customer :

NAME of the Customer :

ADDRESS of the Customer :

TEL/MOB No. of the Customer :

SIGNED in the presence of :

SIGNATURE of witness :

ADDRESS of witness :

CHECKLIST FOR SOLE PROPRIETORSHIP/PARTNERSHIP/LIMITED COMPANY

1.	Mandate for opening Account and Specimen Signature	YES/NO
2.	Details of Sole Proprietor/Partners/Directors in the prescribed format	YES/NO
3.	Full details of Company's Bank Accounts and authority to take up reference, if Company is already maintaining account with UK regulated Bank.	YES/NO
4.	Initial deposit of £100.00 to conduct Company and other searches. Minimum amount of £500 for opening the account	YES/NO
5.	Company's last two years Audited Financial/Statements - (Certified true copy by the Director/Secretary of the Company/Notary/Bank of Baroda official)	YES/NO

Applicable for Limited Company only -

1.	Undertaking of the Company relating to Debenture and Floating Charge and confirmation regarding any account maintained at any of our other branches in UK as per performa attached including details of credit facilities availed and securities provided to other banks by the Company, if any, on its Letter Head.		YES/NO
2.	Certificate of Incorporation	Certified that it is the latest version and true copy by the Director / Secretary of the Company / Notary / Bank of Baroda official	YES/NO
3.	Memorandum of Association		YES/NO
4.	Articles of Association		YES/NO
5.	Certified copy of a Resolution of the Board of Directors (on company letter head)		YES/NO

Regulatory Requirements:

Note: In case the original documents cannot be presented for face to face verification, these are to be notarized from a Notary Public/from one of our branches, officers, if we have one.

1.	Certified true copies of Passports of all Directors, Company Secretary & Authorized Signatories of the Company	YES/NO
2.	Verification of current residential address of all concerned as stated at No. 1 above by way of certified true copies of current quarter utility bill/s.	YES/NO
3.	A brief profile of the business with expected turnover	YES/NO
4.	Telecommunication Mandate	YES/NO