



Corporate Account Application Form

APPLICATION INSTRUCTIONS

The following supporting documentation must accompany the Company's completed account Application Form:

Memorandum and Articles of Association Certificate of Incorporation

The last two years audited financial statements Copy of Register of Trustees/Shareholders

Proof of Registered Address (recent original utility bill or bank statement displaying the Company's Name and Registered Address)

- **Proof of Correspondence address** (recent original utility bill or bank statement displaying the Company's Name and Correspondence Address)
- **Individual verification of active directors** (copy of passport and a recent original residential utility bill for each)
- **Individual verification of Trustees/Shareholders – if any**
 - Individual shareholders (copy of passport and a recent original residential utility bill for each)
 - Corporate shareholders (a complete list of supporting documentation for each Company as listed above)

For applications from outside the UK and EU, please supply notarised copies of these documents.

We are not able to open corporate accounts without this documentation.

Please check the details that you have provided are correct and that the application form is signed.

Then send your completed application to us by post, or email scanned copies using the details following:

Post CORPORATE ACCOUNTS
6Towns Credit Union Ltd
382 High Street
West Bromwich
West Midlands
B70 9LB

Email INFO@SIXTOWNS.CO.UK

Tel. 0121 553 3110

Corporate Account Application Form

Complete the following form to open a corporate account. Please complete all sections in full and using BLOCK CAPITALS. Please call 0121 553 3110 should you have any questions.

Company Details					
Registered Company Name:					
Registered Company Number:	Charity Number:				
Nature Of Business:					
Reason For Opening A Corporate Account:					
Other trading names (if applicable):					
Other trading addresses (if applicable):					
4 Digit Telephone Banking Security PIN. <i>You will be asked to confirm this PIN when you call the office.</i>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Primary Contact At Company	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	
First name:	
Surname:	
Mobile tel. no:	Email address:

Registered Company Address	
Address Line 1:	Town:
Address Line 2:	County:
Address Line 3:	Post code:
Country:	Business tel. no:

Correspondence Address	Same as registered address (tick) <input type="checkbox"/>
Address Line 1:	Town:
Address Line 2:	County:
Address Line 3:	Post code:
Country:	Business tel. no:

Company Bank Details																					
Bank Name:																					
Bank Address:																					
Postcode:	Country																				
Account Name:																					
Account No:	Sort code:																				
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More Information On The Company	
Is the company authorised and regulated by a financial regulator (e.g. FCA in the UK) in any country or territory?	
If yes please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the company have any pending litigation, disputed accounts or other unresolved matters in any country or territory?	
If yes please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the company ever been subject to Bankruptcy/Insolvency proceedings in any country or territory?	
If yes please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>

Agreement: Persons Authorised as Account Signatories									
By signing this form you represent that all the information contained herein is true and accurate and you agree on behalf of the applicant to be bound by our Agreement. NB: The 'company' may put in place its own resolution on account transactions which should be provided in writing to 6Towns, otherwise any one of the named persons below may transact on the account.									
Signature:	Date	D	D	M	M	Y	Y	Y	Y
Full name:									
Position:									

Signature:	Date	D	D	M	M	Y	Y	Y	Y
Full name:									
Position:									

Signature:	Date	D	D	M	M	Y	Y	Y	Y
Full name:									
Position:									

Signature:	Date	D	D	M	M	Y	Y	Y	Y
Full name:									
Position:									

Signature:	Date	D	D	M	M	Y	Y	Y	Y
Full name:									
Position:									

Photocopy this page if more signatures are required.

Director/Trustee Personal Details

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Please specify		Address Line 1:							
		Address Line 2:							
First Name:		Address Line 3:							
Surname:		Town							
Date of Birth:	D	D	M	M	Y	Y	Y	Y	County:
Business tel:		Postcode:							
Mobile tel:		Signature:							

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Please specify		Address Line 1:							
		Address Line 2:							
First Name:		Address Line 3:							
Surname:		Town							
Date of Birth:	D	D	M	M	Y	Y	Y	Y	County:
Business tel:		Postcode:							
Mobile tel:		Signature:							

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Surname:		Town							
Date of Birth:	D	D	M	M	Y	Y	Y	Y	County:
Business tel:		Postcode:							
Mobile tel:		Signature:							

Photocopy this page if more signatures are required.

Certified Board Resolution

I _____ Company Secretary (or equivalent) of _____ (the "Company") certify that the following resolutions were duly passed by the Directors/Trustees of the Company at a meeting held on

(Date)

It was resolved as follows:

1. That account (the "Account") be opened in the name of the Company.
2. That an agreement be entered into in connection with the opening of the Account in such form as 6Towns Credit Union shall require (the "agreement") and that all transactions entered into by the company shall be subject to the terms of 6Towns Credit Union agreement which is described in bullet point 3 if the declaration section of the corporate account application form as amended from time to time.
3. That each of the persons whose names and specimen signatures appear below (the "Authorised Signatories") shall be and are hereby jointly and severally authorised to sign any document in connection with the opening or operation of the Account, including (but without limitation) the 6Towns Credit Union Agreement and any document creating, perfecting or relating to any Company's assets and to give written instructions to 6Towns Credit Union with respect to the Account(s) including (but without limitation) instructions to effect or otherwise enter transactions with or on behalf of the Company.

It was resolved as follows:

4. That any transactions of any description whatsoever previously entered into by the Company with or through 6TOWNS CREDIT UNION and are hereby ratified and approved.
5. That these Resolutions be communicated to 6TOWNS CREDIT UNION and shall remain in force and that 6TOWNS CREDIT UNION shall be entitled to rely on the same until an amending resolution shall be passed and a copy certified by an officer of the Company shall have been received by 6TOWNS CREDIT UNION.

I/We further certify that there is no legal or other reason why the Company should not conduct this business.

Signature of Company Secretary (or equivalent) :	Date	D	D	M	M	Y	Y	Y	Y