

Corporate Account Application Form

Please complete this form fully in BLOCK capitals using a black pen. Once this form is completed, please make sure you enclose all relevant supplementary documentation as requested in this form and in the guidelines.

Section 1 – Organisation details

Name of organisation or proprietor (registered companies/LLCs/LLPs please state exactly as detailed on Certificate of Incorporation/Registration)

Type of business (please tick as appropriate)

Incorporated

Please indicate type (eg. PLC, Ltd, SA, BV, GmbH)

Limited Liability Company (LLC)

Limited Liability Partnership (LLP)

Partnership

Sole Trader

Charity/Club/Church/Society/Association

Trust

If other, please specify

Date established / /

Date trading commenced / /

Registered number/Registration number

Country of registration

Does the organisation use a trading name(s)?

Yes No

If yes, please state name(s)

Please tick to confirm evidence of trading name(s) attached.

Main/Trading address

Country

Postcode/Zipcode

Number of years at this address

Internet address (if held)

Telephone number

Fax number

Email address

Tax

Country to whom tax is accountable

Tax Reference

Correspondence address (if different to Main/Trading address)

Country

Postcode/Zipcode

Contact name

Telephone number

Fax number

Email address

Registered address (companies, LLCs, LLPs and registered charities only)

Country

Postcode/Zipcode

Contact name

Telephone number

Fax number

Email address

Accountant's details

Contact

Company name

Address

Country

Postcode/Zipcode

Legal adviser's details (if applicable)

Contact

Company name

Address

Country

Postcode/Zipcode

Existing banker's details (if applicable)

Does your organisation have an existing banker?

Yes No

Banker's name (if yes)

Branch address

Country

Postcode/Zipcode

Sort code (if applicable) --

Account number

Year first account was opened

Relationship Manager

If more than one bank is used presently, please provide details of the banking relationship(s), including those with Barclays.

Trading counterparties (please give details of main (and/or proposed) trading counterparties)

| Counterparty | Product/ service | Approx % of business with Counterparty |
|----------------------|----------------------|--|
| <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"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Anticipated account activity

Estimated annual turnover by

| Country | Currency | Amount |
|----------------------|----------------------|----------------------|
| <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"/> |

Estimated number of payments from the bank account per annum

| Number | Typical value |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Estimated number of credits into the bank account per annum

| Number | Typical value |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

What would the account(s) be used for?

(please tick as many as appropriate)

Trading account Surplus funds
 Other (please state)

Source of funds

Please specify the source of the initial deposit into your account, and the methods by which it and future funds will be generated. In the case of Private Investment, Wealth Management or Services companies, we also require details of the income, assets and number of dependants of the beneficial owner(s).

For Incorporated Companies only

Is the company a holding company?

Yes No

Is the company a subsidiary/associate company?

Yes No

If yes to either question, please provide details of company structure/relationship(s) with other companies, including

| | |
|-------------------------|----------------------|
| 1. Name | <input type="text"/> |
| Relationship | <input type="text"/> |
| Registration No. | <input type="text"/> |
| Country of Registration | <input type="text"/> |
| 2. Name | <input type="text"/> |
| Relationship | <input type="text"/> |
| Registration No. | <input type="text"/> |
| Country of Registration | <input type="text"/> |
| 3. Name | <input type="text"/> |
| Relationship | <input type="text"/> |
| Registration No. | <input type="text"/> |
| Country of Registration | <input type="text"/> |
| 4. Name | <input type="text"/> |
| Relationship | <input type="text"/> |
| Registration No. | <input type="text"/> |
| Country of Registration | <input type="text"/> |

Section 3 – Parties connected to the organisation

Please provide the names of parties connected to your organisation. In addition, please indicate which individual persons you wish to be authorised to use International Businesscall*, our telephone banking service, by ticking the box. For information regarding the different International Businesscall Service levels, please see the International Corporate Services brochure.

* Not available in Cyprus or Gibraltar

The connections we require are:

a) The name of any corporate entities connected to the organisations – for example a company appointed as a director or Trustee

b) The names of individual persons connected to the company, for example:

Registered Companies

Please provide names of directors, company secretary, shareholders (with 10% or more shareholding), beneficial owners, and authorised persons.

LLCs

Please provide names of Managers and Members (with 10% or more holding), beneficial owners and authorised persons.

LLPs

Please provide names of Designated Members (with 10% or more holding), beneficial owners and authorised persons.

Sole Traders and Partnerships

Please provide names of owners, partners and authorised persons.

Clubs, Charities, Churches, Societies and Associations

Please provide names of officials, authorised persons and contacts.

Trusts

Please provide names of Trustee(s), settlor(s), protector(s), named beneficiaries and authorised persons.

Each individual person must complete a “Personal Details” Form. For other parties connected to the account please ensure a “Corporate Official Details” Form is completed.

| | |
|----------------------------|--|
| 1. Name | <input type="text"/> |
| Connection | <input type="text"/> |
| Businesscall authorisation | Service level 1 <input type="checkbox"/> |
| | Service level 2 <input type="checkbox"/> |
| 2. Name | <input type="text"/> |
| Connection | <input type="text"/> |
| Businesscall authorisation | Service level 1 <input type="checkbox"/> |
| | Service level 2 <input type="checkbox"/> |
| 3. Name | <input type="text"/> |
| Connection | <input type="text"/> |
| Businesscall authorisation | Service level 1 <input type="checkbox"/> |
| | Service level 2 <input type="checkbox"/> |
| 4. Name | <input type="text"/> |
| Connection | <input type="text"/> |
| Businesscall authorisation | Service level 1 <input type="checkbox"/> |
| | Service level 2 <input type="checkbox"/> |
| 5. Name | <input type="text"/> |
| Connection | <input type="text"/> |
| Businesscall authorisation | Service level 1 <input type="checkbox"/> |
| | Service level 2 <input type="checkbox"/> |
| 6. Name | <input type="text"/> |
| Connection | <input type="text"/> |
| Businesscall authorisation | Service level 1 <input type="checkbox"/> |
| | Service level 2 <input type="checkbox"/> |
| 7. Name | <input type="text"/> |
| Connection | <input type="text"/> |
| Businesscall authorisation | Service level 1 <input type="checkbox"/> |
| | Service level 2 <input type="checkbox"/> |
| 8. Name | <input type="text"/> |
| Connection | <input type="text"/> |
| Businesscall authorisation | Service level 1 <input type="checkbox"/> |
| | Service level 2 <input type="checkbox"/> |
| 9. Name | <input type="text"/> |
| Connection | <input type="text"/> |
| Businesscall authorisation | Service level 1 <input type="checkbox"/> |
| | Service level 2 <input type="checkbox"/> |
| 10. Name | <input type="text"/> |
| Connection | <input type="text"/> |
| Businesscall authorisation | Service level 1 <input type="checkbox"/> |
| | Service level 2 <input type="checkbox"/> |

Please photocopy this sheet and continue if more than 10 parties are connected to the organisation. The photocopy should be confirmed by the signatories in section 5.

Section 4 – Your banking requirements

Please refer to the enclosed brochure for details.

Products (tick as many as appropriate)

Current/Cheque accounts

Sterling

Euro

US dollar

Other currencies (please specify)

Call/Deposit accounts

(in addition to a current/cheque account)

Currency

Fixed deposit accounts

(subject to status)

Currency

Period

Other accounts

(subject to status)

Account name Currency

Cards

| Type of card | Currency | Number required |
|----------------------|----------------------|----------------------|
| <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"/> |

Please contact us and we will provide the appropriate card Application Forms.

Other Services

If you require or would like information on any of the following services please tick below and one of our specialists will contact you.

Electronic Banking*

Treasury Services

Trade Services

Borrowing Facilities

Investments

* Not available in Cyprus and Gibraltar

Statements and stationery

Statements will be sent to your correspondence address unless indicated below.

If duplicate statements are required, please indicate where these should be sent.

Country

Postcode/Zipcode

Statements are normally provided monthly. Please specify below if you require an alternative frequency.

Please tick if cheque book required

Please tick if credit book required

Standard personalisation will be applied to your stationery.

Please indicate below if you require any special amendments.

Reasons for applying

Please help us by briefly explaining why you decided to apply to Barclays.

Section 5 – Customer declaration

To be signed by the organisation officials, in accordance with the Appointment of Bankers and Mandate.

Confirmation and agreement

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

Checks you need to make

I/We authorise you to make searches or other enquiries in accordance with your normal procedures in connection with this application and I/we authorise you to debit the organisation's account with the cost of any such enquiries.

If I/we do not wish to receive details of products or services from other parts of the Barclays Group, this will be reflected by a tick in this box

If I/we do not wish to receive details of products and services from you (Barclays Bank PLC), I/we can write to the account holding branch quoting relevant account numbers, any Barclaycard or other card numbers, insurance policy, unit trust or other account or policy numbers.

International Businesscall*

If, on behalf of the organisation, I/we wish to register for International Businesscall, as indicated in section 3, by signing below I am/we are:

- a) applying to Barclays International Corporate Services, part of Barclays Bank PLC for International Businesscall telephone banking;
- b) authorising Barclays International Corporate Services to act on instructions given by any Authorised Members as detailed in this application (and advised by way of future Appointment of Bankers and Mandate), alone notwithstanding that the Appointment of Bankers and Mandate may provide for more than one person to give instructions to the Bank;
- c) confirming that you have receipt of a definition of the services provided within each service level.

* Not available in Cyprus and Gibraltar

1. Signature

Position held

Name

Date

2. Signature

Position held

Name

Date

3. Signature

Position held

Name

Date

4. Signature

Position held

Name

Date

5. Signature

Position held

Name

Date

Your Feedback

If you want to complain you may do so in person, in writing, by post or email, or by telephone. To obtain a copy of our complaint handling procedures, or to make a complaint, please contact your International Banking Centre.

Data Protection

Under Data Protection legislation you have a right of access to your personal records. Should you wish to exercise this right, please write to your account holding centre. A fee will be charged for this service.

Gibraltar

Barclays Bank PLC and Barclays Bank Offshore Financial Services (Gibraltar) Limited are licensed by the Financial Services Commission to conduct banking and investment business.

Jersey

Barclays Bank PLC is registered under the Banking Business (Jersey) Law 1991.

Guernsey

Barclays Bank PLC is licensed under the Banking Supervision (Bailiwick of Guernsey) Law 1994, as amended.

Isle of Man

Barclays Bank PLC is licensed by the Financial Supervision Commission to conduct banking and investment business.

Barclays Bank PLC. Registered in London, England.
Registered No. 1026167. Registered Office: 54 Lombard Street, London EC3P 3AH.