

Union Bank of India (UK) Ltd is authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority and Prudential Regulation Authority

IDENTITY OF FIRM

Partnership mandate authorising the opening of the account in the firm's letter head. The Firm's letter head should confirm the trading name, address of the firm (Format Attached) ☐

Certified copy of Partnership deed ☐

List of Partners or all Partners ☐

Certified copy of Audited/Financial Statement for last 2 Years ☐

Address of Business:

*Bank statement or utility bill

(telephone, gas, electricity, water, council tax)

*Postal Copy (not older than 3 Months)

Special Instructions :

Please also enclose

1. CRS Entity Certificate

2. CRS Controlling person certificate

3. Data protection Act 2018

4. FSCS Acknowledgement Form (DGS information sheet)

Forms are available on our website

www.unionbankofindiauk.co.uk under **Forms** download section.

IDENTITY OF PARTNERS/SIGNATORIES

Valid Passport/Valid UK Photo Card Driving Licence ☐

Address of all Signatories: ☐

*A copy of recent (not older than 3 months) Bank statement or uk driving license (If not used as ID proof) or utility bill (telephone, gas, electricity, water, council tax, T.V License) with full name and address.

*Online Copies, Mobile Phone Bills & Credit Card Statement are not accepted.

*In addition bank may ask for proof of source of wealth.

A Firm, if currently trading, to provide 30 days consecutive business bank statement. ☐

A Firm, if not currently trading through a business bank account, should supply at least the last 30 days' consecutive personal bank statements highlighting all business related transactions.

Branch:

Type of Account :

☐ Current ☐ *Term Deposit ☐ Other(s)

*Period of Deposit : year(s)

Amount:

*Interest Pay out: ☐ Annually ☐ On Maturity

Currency of the Account :

☐ GBP ☐ USD ☐ EUR

For Office Use:

Cust ID :

A/C No :

Risk Assessment :

☐ Low Risk ☐ Medium Risk ☐ High Risk ☐ PEP

Company Category as **SME** : YES / NO

Part -1 : ACCOUNT INFORMATION

01	Full name of the Firm		
02	Place and Country of Incorporation/Registration and Date of formation		
03	Firm Registration Number		
04	Principal Business Activity/Activities		
05	Registered address of the Firm	Address:	
		City:	Post Code:
	Contact Details	Phone:	Mobile:
		Fax no.:	
	Business Email		
06	Correspondence Address of the firm (if different from the Registered address)	Address:	
		City:	Post Code:

		City:	Post Code:				
		Phone:	Mobile:				
		Fax no.:					
07	Subsequent name changes if any	Name:					
		Date of name change:					
08	Turnover of the firm as per latest audited Balance Sheet						
09	Places (name of countries in) which activity spreads/extends						
10	Whether the activity of firm includes exports/imports (YES/NO). If yes name of the countries						
11	Type of Industries						
12	What is the expected inflow into the account over the next 12 Month period *(Not Applicable to Term Deposit Accounts)	GBP		USD		EUR	
13	Of the above, what is the expected quantum from a) Local payments b) Cross-border payments? *(Not Applicable to Term Deposit Accounts)	GBP		USD		EUR	
		Local	Cross Border	Local	Cross Border	Local	Cross Border
14	What is the expected outflow from the account over the next 12 Month and the type of payments that will be made? *(Not Applicable to Term Deposit Accounts)	GBP		USD		EUR	
		01. 02.		01. 02.		01. 02.	
15	General source of credits to the account						
16	What business purpose(s) will the account be used for?						
17	Is any of the Director or shareholder a PEP (Politically Exposed Person)?						
	If yes, please provide details						

Part - 2 : DETAILS OF PARTNERS/SIGNATORIES

PERSONAL DETAILS (1)		PERSONAL DETAILS (2)	
TITLE : <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other		TITLE : <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
1. First Name	<input type="text"/>	1. First Name	<input type="text"/>
2. Middle Name	<input type="text"/>	2. Middle Name	<input type="text"/>
3. Surname	<input type="text"/>	3. Surname	<input type="text"/>
4. Address	<input type="text"/>	4. Address	<input type="text"/>
5. Post Code	<input type="text"/>	5. Post Code	<input type="text"/>
6. Country	<input type="text"/>	6. Country	<input type="text"/>
7. Phone Number	<input type="text"/>	7. Phone Number	<input type="text"/>
8. Email	<input type="text"/>	8. Email	<input type="text"/>
9. Previous Address (If not resident in the above current address for the past three years)	<input type="text"/>	9. Previous Address (If not resident in the above current address for the past three years)	<input type="text"/>
10. Post Code	<input type="text"/>	10. Post Code	<input type="text"/>

11. Country	<input type="text"/>	11. Country	<input type="text"/>
12. Mobile Number	<input type="text"/>	12. Mobile Number	<input type="text"/>
13. 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"/>	13. 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"/>
14. Place of Birth (City/ Town and Country)	<input type="text"/>	14. Place of Birth (City/ Town and Country)	<input type="text"/>
15. Nationality	<input type="text"/>	15. Nationality	<input type="text"/>
16. Passport Number	<input type="text"/>	16. Passport Number	<input type="text"/>
17. National Insurance No /TIN No	<input type="text"/>	17. National Insurance No /TIN No	<input type="text"/>
18. Position in the firm	<input type="text"/>	18. Position in the firm	<input type="text"/>
19. If existing Union Bank of India(UK) Ltd account Holder? If yes please specify Account no	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	19. If existing Union Bank of India(UK) Ltd account Holder? If yes please specify Account no	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
20. US Withholding Tax Declaration.. <small>For the purpose of the US Foreign Accounts Tax Compliance Act (FATCA) please confirm whether you are a US Person/Citizen. I also agree to notify if my situation changes:</small>	<input type="checkbox"/> I am not a US Person or US Citizen <input type="checkbox"/> I am a US Person or US Citizen* (*Please ask to complete FATCA form)	20. US Withholding Tax Declaration.. <small>For the purpose of the US Foreign Accounts Tax Compliance Act (FATCA) please confirm whether you are a US Person/Citizen. I also agree to notify if my situation changes:</small>	<input type="checkbox"/> I am not a US Person or US Citizen <input type="checkbox"/> I am a US Person or US Citizen* (*Please ask to complete FATCA form)

Part - 2 : DETAILS OF PARTNERS/SIGNATOIES

PERSONAL DETAILS (3)		PERSONAL DETAILS (4)	
TITLE : <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other		TITLE : <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
1. First Name	<input type="text"/>	1. First Name	<input type="text"/>
2. Middle Name	<input type="text"/>	2. Middle Name	<input type="text"/>
3. Surname	<input type="text"/>	3. Surname	<input type="text"/>
4. Address	<input type="text"/>	4. Address	<input type="text"/>
5. Post Code	<input type="text"/>	5. Post Code	<input type="text"/>
6. Country	<input type="text"/>	6. Country	<input type="text"/>
7. Phone Number	<input type="text"/>	7. Phone Number	<input type="text"/>
8. Email	<input type="text"/>	8. Email	<input type="text"/>
9. Previous Address <small>(If not resident in the above current address for the past three years)</small>	<input type="text"/>	9. Previous Address <small>(If not resident in the above current address for the past three years)</small>	<input type="text"/>
10. Post Code	<input type="text"/>	10. Post Code	<input type="text"/>
11. Country	<input type="text"/>	11. Country	<input type="text"/>
12. Mobile Number	<input type="text"/>	12. Mobile Number	<input type="text"/>
13. 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"/>	13. 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"/>

14. Place of Birth (City/ Town and Country)	<input type="text"/>	14. Place of Birth (City/ Town and Country)	<input type="text"/>
15. Nationality	<input type="text"/>	15. Nationality	<input type="text"/>
16. Passport Number	<input type="text"/>	16. Passport Number	<input type="text"/>
17. National Insurance No /TIN No	<input type="text"/>	17. National Insurance No /TIN No	<input type="text"/>
18. Position in the firm	<input type="text"/>	18. Position in the firm	<input type="text"/>
19. If existing Union Bank of India(UK) Ltd account Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. If existing Union Bank of India(UK) Ltd account Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please specify Account no	<input type="text"/>	If yes please specify Account no	<input type="text"/>
20. US Withholding Tax Declaration.. <small>For the purpose of the US Foreign Accounts Tax Compliance Act (FATCA) please confirm whether you are a US Person/Citizen. I also agree to notify if my situation changes:</small>	<input type="checkbox"/> I am not a US Person or US Citizen <input type="checkbox"/> I am a US Person or US Citizen* (*Please ask to complete FATCA form)	20. US Withholding Tax Declaration.. <small>For the purpose of the US Foreign Accounts Tax Compliance Act (FATCA) please confirm whether you are a US Person/Citizen. I also agree to notify if my situation changes:</small>	<input type="checkbox"/> I am not a US Person or US Citizen <input type="checkbox"/> I am a US Person or US Citizen* (*Please ask to complete FATCA form)

COMPANY REQUIREMENTS

Cheque Book (Only for GBP Current Account)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Internet Banking (View Only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER BANKING RELATIONSHIPS

Do you have an account with any other bank	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please specify	Type of Account	Sort Code/Account Number	Name of Account	Bank and Branch Name/Place

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Under the HM Revenue and Custom (HMRC) guidance note on Implementation of The International Tax Compliances (United State of America) Regulations 2013, Bank is required to disclose information to HMRC In relations to accounts and or account holders who may be liable to pay tax In the USA. You are therefore requested to answer the following questions.

Please Tick Yes or No

- To the best of your knowledge, are you liable to pay tax in the USA?
(if your answer is yes, please ignore the below questions.) ☐ Yes ☐ No
- Are any of the Partners a US citizen, whether by birth or naturalisation or hold a US passport? ☐ Yes ☐ No
- Does any of the partner hold a "Green Card"? ☐ Yes ☐ No
- Do you own real estate within USA? ☐ Yes ☐ No
- Do you expect to receive into your account any Income or proceeds of sale arising from any assets held in the USA and for which you have not paid tax? ☐ Yes ☐ No

If your answer to any of the above questions is yes, please provide any form of US Taxpayer Identification Number (TIN)

In the following box TIN No:

The bank Is not required to make any deduction in respect of liability to tax in the USA.

However, HMRC may share any information disclosed with the internal Revenue Service (IRS) of USA. You are strongly recommended to take Independent tax advice if you are unsure as to whether you may or may not have a tax liability In the USA. The bank is not authorised to provide you with any tax advice. You should advice the Bank Immediately should you domicile for tax purposes changes and/or you become liable to pay tax in the USA.

FOR TERM DEPOSIT ACCOUNT

Period of Deposit:

- ☐ 1 Year ☐ 2 Years ☐ 3 Years
☐ 4 Years ☐ 5 Years

For Interest Payment:

Credit to our account no. with Union Bank of India (UK) Ltd.

For other Banks in the UK, please provide following details

Name of Account	
Account Number	
Sort Code	
Bank Name	

For the purpose of Common Reporting Standard, does the entity meet the description of any of the following four categories? (if you are unsure then please consult your tax adviser):

A

	YES	NO	SELF - CERTIFICATION NEEDED
Custodial Institution - i.e do you hold, as a substantial portion of your business, Financial Assets for the Account of others?			
Depository Institution - i.e do you accept deposits within the ordinary course of your business?			
Investment Entity - i.e do you conduct a business of trading in financial assets on behalf of customers or conduct portfolio management?			
If yes to the above, are you a professionally managed Investment Entity situated outside of a CRS Participating Jurisdiction?			If Ticked Yes
Specified Insurance Company - i.e are you an insurance company or a holding in an insurance group?			

If you have responded 'NO' to all of A above, please confirm whether:

B

	YES	NO
Less than 50% of the partnership's gross income for the preceding calendar year is passive income (such as dividends ,interest, royalties , annuities and rent).		
Less than 50% of the assets held by the partnership during the preceding calendar year are assets that produce or are held for the production of passive income (such as dividends, interest, royalties, annuities and rent).		

If you ticked "No" to all questions in Section A and B, please complete Self - Certification.
Please submit CRS Self - Certification Form.

GENERAL AGREEMENT AND AUTHORISATION

I/we declare, confirm and agree:

- that all particulars and information given in this application form (and all documents referred to or provided herewith) are true, correct, complete, up-to-date in all respects and I/we have not withheld any information. I/we understand that certain particulars given by me/us are required for regulatory reasons. I/we also agree to provide any further information that Union Bank of India (UK) Ltd may require: and
- that I/we have had no insolvency proceedings initiated against me/us, nor have I/we ever been adjudicated insolvent. I/we have no Court Judgements registered against me/us: and
- I/We agree, undertaken and authorise Union Bank of India (UK) Ltd to exchange share or part with all the information, data or documents relating to my/our applications to credit reference agencies.
- I/We agree that any account opened immediately or on a future date will be subject to the Bank's Terms and Conditions (A copy of which has been provided/available on www.unionbankofindiauk.co.uk) and as amended from time to time.
- I/We agree to comply with the Bank's rules with regard to the conduct of the accounts. I/We resolve to provide to the Bank in writing any changes in personal details including addresses or circumstances that may change from time to time.
- *I/We acknowledge the receipt of Financial Services Compensation Scheme's (FSCS) Information Sheet & Exclusion List.
- I/We undertake that I/we will not claim any interest on any of our fixed deposit/s made from time to time after the maturity date unless and until we have made a specific request to renew the deposit. I/we hereby authorise Union Bank of India (UK) Ltd to renew the fixed deposit (s) made from time to time, on maturity for an identical period in the absence of any specific notice to the contrary.

Partnership Resolution for Opening/Operating the accountDate :

To
Union Bank of India (UK) Ltd

(to be provided on the letterhead of the company and signed by one Director and the Company Secretary)

We the undersigned, all being Partners in the firm of herein after referred to as 'firm' request you to open a Current Account/Term Deposit Account in the name of the firm.

We the Partners hereby authorise you, until you receive from any one of us in writing to the contrary, to treat and consider (singly, jointly authorised)

..... as fully empowered to act on behalf of the partnership firm, in particular (without prejudice to the generality of the foregoing.

- To draw, sign, accept, make and endorse cheques, orders for payment, bills of exchange and promissory notes on behalf of our said partnership.
 - To sign orders and receipts for the withdrawal of securities, deeds and other articles lodged with you or moneys held on deposit or other account with you in the partnership name and, you are authorised to debit the amount of all such cheques, orders for payment, bills of exchange and promissory notes to any partnership account whether it is in credit or may become overdrawn by reason of such debiting, and we undertake that any such overdraft shall be our joint and several responsibility.
 - This letter of authority and our liability hereunder shall be continuing not with standing any change in the constitution of our Firm, or in the membership of the Firm, by reason of bankruptcy, retirement or disability of any partner or the admission of a new partner or partners.
1. The firm confirms that none of the partners have been disqualified under the Limited Liability Regulations 2001 or under the provisions of the Insolvent Partnerships Order 1994 or any similar overseas legislation covering the disqualification of the partners.
 2. The firm agrees to provide to the Bank in writing any changes in details or circumstances that may change from time to time.
 3. The firm shall, as and when necessary, supply to the Bank a list of the current Partners and, if applicable, other officials authorised to sign with specimen signatures.
 4. The firm shall provide to the bank a certified copy of the Partnership Agreement if the same is amended.
 5. We certify that the signatures set down within **Page 6** accordingly of this account opening form are those of all the Partners and of any other officers of the Firm authorised to sign, that such signatures are the genuine signatures of such persons and that are such signatures operate as the specimen signatures of each of such persons.
 6. The Bank is hereby authorised requested to open account(s) in the name of the firm to honour and comply with all cheque and other orders or instructions signed on behalf of the Partnership/Partners singly/jointly* by the following authorised Signatories/Partners:

_____, _____,

- To accept the signatory as fully empowered to act on behalf of and bind the Partnership/Partners in any other transaction with the Bank.
7. It was further resolved that Union Bank of India (UK) Ltd. be requested to open additional accounts as and when required by the Partnership at the request of the authorised signatory. The Bank may also be instructed from time to time regarding any changes to the authorised signatories to the account.
 8. It was further resolved that Union Bank of India (UK) Ltd. be authorised to accept facsimile/telecommunication instructions or scanned copy of instruction by email/fax given on behalf of the Partnership by the authorised signatories as mentioned above and it was further resolved to execute an Telecommunication/Instructions indemnity in favour of the Union Bank of India (UK) Ltd. to allow the authorised signatories to give instructions to the Bank by fax or through email.
 9. It was further resolved that in case the Partnership avail the 'Corporate Internet Banking Service' over Internet Channel with Union Bank of India (UK) Ltd. at their various Branches, the Partnership/Directors accepts such 'Terms of Service' for Corporate Internet Banking laid down by Union Bank of India (UK) Ltd from time to time for purpose. Resolved further that each of the officials as empowered by the Partnership/Directors to operate the Partnership account with the Union Bank of India (UK) Ltd either singly or jointly as the case maybe, is hereby authorised to apply for and avail of the 'Corporate Internet Banking' facility offered by Union Bank of India (UK) Ltd and do all they have been authorised, electronically, using their user name and password.

The Bank be supplied with:

- a) A copy of the Partnership Agreement certified as being true, complete and up to date;
- b) Copies of any resolutions concerning the foregoing which may be passed from time to time.
 1. The Partnership/Partners agrees that any indebtedness or liability incurred by the Partnership/Partners under this authority shall in the absence of any express written agreement by the Bank to the contrary be due and payable on demand.
 2. The Bank be and is by this resolution authorise to provide the Partnership/Partners auditors from the time being and from time to time with such information as the Partnership/Partner auditors may request from time to time until notice in writing to the contrary is received by the Bank.
 3. The Partnership/Partners Secretary shall, as and when necessary, supply to the Bank a list of the current Partners and, if applicable, other officials authorised to sign with specimen signatures and the Bank may on such lists signed by the Secretary.

4. These resolutions be communicated to the Bank and shall constitute the Partnership/Partners Mandate to the Bank and remain in force until an amended resolution can be passed by the Partners and a copy thereof, certified by the Partners and the Secretary or by any Director or the Secretary acting or purporting to act on behalf of the Company shall have been received by the Bank.

Yours faithfully,

Partner 1: Name Signature

Partner 2: Name Signature

Partner 2: Name Signature

Date: **Place:**

ANNEXURE-B

Union Bank of India (UK) Limited Telecommunications Authorisation

I/we authorise Union Bank of India (UK) Limited (the Bank) to accept and act upon instructions given through telephone, fax or email by me/us or any person authorised by me/us subject to the following, which I understand and acknowledge:

- There are inherent risks in sending instructions by telephone, fax and email.
- Any email instructions must be sent from the registered email address held by the Bank.
- When instructions are given to the Bank by telephone, fax or email, the Bank will verify my/our identity by a telephone call to a number the Bank holds on record for me /us. During this call the Bank will ask questions based on information known to the Bank about me/us and the transactions on my/our account. On confirmation of this information the Bank will act on my/our instructions including payment of money from my/our account.
- If the Bank is unable to contact me/us to verify the instructions, the Bank may not act on our instructions and any payments requested may be delayed or not made.
- This telecommunications authorisation will be applicable for any future accounts that I/we may open with the Bank.
- I/We understand that in addition to the above terms, this service is also governed by the Business Banking Terms and Conditions.

NAME OF THE COMPANY/ORGANISATION _____

ADDRESS OF THE COMPANY/ORGANISATION _____

NAME OF THE AUTHORISED SIGNATORY 1: _____

SIGNATURE _____ **DATE:** _____

NAME OF THE AUTHORISED SIGNATORY 2: _____

SIGNATURE _____ **DATE:** _____