

# Banking Application form - Trusts/Estates/Settlements

Name of Trust/ Estate/Settlement
Date of completion <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Brown Shipley Private Client Manager

To enable us to properly establish the account(s) please complete all sections of this Application Form and then return it to us, together with the documentary evidence indicated on pages 3 and 4.

For internal use only	
Checked by	Account no <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 <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Brown Shipley Office:	

## Trust details

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Name of Trust/Estate/Settlement

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### Primary contact

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Title                      Surname

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First name/s

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Address

Postcode

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## Banking services

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Please let us know what banking services you are applying for:

Current account

Do you require    Cheque book    Paying in book

Money Market account

## Communication

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Correspondence and other information relating to the banking services for which you have applied will be sent to the primary contact above.

If you wish this information to be sent to other trustees/executors please tick the box

If you require statements to be sent to any other party please provide the details below:

Full name

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Address

Postcode

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Full name

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Address

Postcode

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## Anti Money Laundering Requirements

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Please complete the relevant sections below and attach supporting documentation where appropriate:

Please ensure that you provide Brown Shipley with the following (tick box if provided):

A certified copy of the Trust Deed

Anti Money Laundering documentation for:

a. all trustees

b. any other individual/entity with powers to appoint/remove trustees

c. all executors (in the case of estates)

If the above cannot be provided please give reasons

## Additional Anti Money Laundering Requirements

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Registered Charity number (if applicable) \_\_\_\_\_

### Pension Funds

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Pension scheme reference number \_\_\_\_\_

Name of employing company (if applicable) \_\_\_\_\_

Registered number \_\_\_\_\_

Is there a professional trustee?  Yes  No

If yes: Full name \_\_\_\_\_

Address

Postcode \_\_\_\_\_

Please provide relevant Anti Money Laundering information for any professional trustee

### Estates

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Has a certified copy of the Grant of Probate been provided?  Yes  No

If No, please give reasons

### Source / Nature of transactions

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Please describe the source of funds for the trust \_\_\_\_\_

Please describe the size and frequency of transactions with Brown Shipley \_\_\_\_\_

Please specify the amount of the initial deposit £

How will this be received?  Funds transfer  Cheque  Other \_\_\_\_\_

Will the trust be making any further deposit?  Yes  No

If yes please specify £  and frequency \_\_\_\_\_

## Authorised signatories

With regard to all orders and instructions concerning the banking services provided by Brown Shipley, you authorise us to act on the instructions of:

- One of the trustees/executors named below       Two of the trustees/executors named below  
 All of the trustees/executors named below       Other mandate – please specify

## Acceptance

We hereby apply to Brown Shipley for the banking services selected on this application form.

We certify that we have full power and authority to enter into this agreement We have read and understood the Banking Terms and Conditions (including all authorities contained therein)and by signing this application, we understand that this will form a binding agreement between Brown Shipley and us.

We have received the Financial Services Compensation Scheme information sheet.

We acknowledge receipt of a tariff schedule relevant to services provided by Brown Shipley.

We understand that instructions should be made by telephone, facsimile or in writing.

If you wish to instruct us by facsimile please complete and sign our Facsimile Indemnity Form.

### Trustee/Executor

Full name

Signature

Date

### Trustee/Executor

Full name

Signature

Date

### Trustee/Executor

Full name

Signature

Date

### Trustee/Executor

Full name

Signature

Date

### Trustee/Executor

Full name

Signature

Date

### Trustee/Executor

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Signature

Date