

Client Account (Non-Designated)



Application Form (PART A)

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

This form is for use by Solicitors & Trustees (the Firm) who wish to open an account for the management of non-designated or aggregated client funds. The Firm must meet the criteria detailed on the account Summary Box. An additional Application Form Part A should be completed where there are more than four Controllers/Owners. PLEASE ENSURE ALL SECTIONS ARE COMPLETED & THE FORM SUBMITTED WITH THE REQUIRED IDENTIFICATION.

Section 1: Account Name

Name of Account

| | |
|--|-----------------------|
| | CLIENT ACCOUNT |
|--|-----------------------|

Section 2: Firm Details

Name of Firm

Companies House Registration No

Nature of Firm

Principal (Registered) Address of Firm

| |
|------------------------|
| |
| |
| Postcode |
| Business Email Address |

Correspondence Address (if different than above)

| |
|------------------------|
| |
| |
| Postcode |
| Business Email Address |

Telephone

| |
|-----|
| Day |
|-----|

| |
|--------|
| Mobile |
|--------|

Section 3: Controller/Owner - Signatories

Please confirm if Controller(s)/Owner(s) detailed below will also be the Account Signatories Yes No

If Yes answered above the Client Account (Non-Designated) Application Form Part B Section 5 should be completed INSTEAD of Section 4 below.

Section 4: Controller/Owner Details

Please list below the details of Partners, Directors, Controllers or Owners of the Firm

ONLY complete Section 4 of the form where the Owners / Controllers of the Firm are NOT the Appointed Signatories on the account.

Owner/Controller 1

| | | |
|--|----------------------|----------------------|
| Title | First Names(s) | Surname |
| Date of Birth (DD/MM/YYYY) | Nationality | Country of Residence |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> |

Residential Address

| |
|---------------|
| |
| |
| Postcode |
| Email Address |

How long have you lived at this address

| | |
|-------|--------|
| Years | Months |
|-------|--------|

Position within the Firm

If less than 1 year at current residential address, please provide your previous address:-

Residential Address

| |
|----------|
| |
| |
| Postcode |

Section 4: Controller/Owner Details

Owner/Controller 2

| | | |
|----------------------------|----------------|----------------------|
| Title | First Names(s) | Surname |
| Date of Birth (DD/MM/YYYY) | | Nationality |
| | | Country of Residence |

Residential Address

| |
|---------------|
| |
| Postcode |
| Email Address |

| | |
|---|--------------------------|
| How long have you lived at this address | Position within the Firm |
| Years Months | |

If less than 1 year at current residential address, please provide your previous address:-

Residential Address

| |
|----------|
| |
| Postcode |

Owner/Controller 3

| | | |
|----------------------------|----------------|----------------------|
| Title | First Names(s) | Surname |
| Date of Birth (DD/MM/YYYY) | | Nationality |
| | | Country of Residence |

Residential Address

| |
|---------------|
| |
| Postcode |
| Email Address |

| | |
|---|--------------------------|
| How long have you lived at this address | Position within the Firm |
| Years Months | |

If less than 1 year at current residential address, please provide your previous address:-

Residential Address

| |
|----------|
| |
| Postcode |

Owner/Controller 4

| | | |
|----------------------------|----------------|----------------------|
| Title | First Names(s) | Surname |
| Date of Birth (DD/MM/YYYY) | | Nationality |
| | | Country of Residence |

Residential Address

| |
|---------------|
| |
| Postcode |
| Email Address |

| | |
|---|--------------------------|
| How long have you lived at this address | Position within the Firm |
| Years Months | |

If less than 1 year at current residential address, please provide your previous address:-

Residential Address

| |
|----------|
| |
| Postcode |

Section 5: Account Information

Please outline the nature and levels of transactions expected on the account

Opening Investment

| | |
|-----------------------|---------|
| Electronic Transfer £ | Total £ |
|-----------------------|---------|

NOTE: INITIAL DEPOSIT AND ALL SUBSEQUENT DEPOSITS MUST BE MADE BY BANK TRANSFER.

Section 6: Withdrawal Instructions & Payment of Interest

Withdrawal Instructions

Withdrawals from the account must be made by bank transfer to the nominated client account at a UK bank in the name of the Firm

We the Controllers/Owners authorise the following number of Appointed Signatories to perform withdrawals on the account:

Any 1 of the signatories listed in Section 3 of Part B of the Application Form

Any 2 of the signatories listed in Section 3 Part B of the Application Form

Payment of Interest Instructions

We the Controllers/Owners request the monthly interest to be:

Added to the account

Paid to a UK Bank or Building Society Account in the name of the Firm (*Please provide details below*)

Name of Bank/Building Society

Sort Code

Account Number

Account Name

Reference

Section 7: Personal Data (Firm & Controller/Owners)

YOUR RIGHTS

For the purposes of General Data Protection Regulation, the Vernon Building Society is the Data Controller responsible for the processing of your personal data. You have the right to request in writing a copy of the details held about you and where necessary the right to object to certain processing, the right to correct, sometimes delete and restrict the personal data the Society uses. In addition, you have the right to complain to the Society and the Information Commissioners Office (the data protection regulator). Please refer to the Vernon Building Society's Privacy Notice for further information on your rights.

Where you have provided your consent to the Society, such as to receive marketing messages, you have the right to withdraw it at any time. You can do this by notifying your local branch, calling us on 0161 429 6262 or writing to us at Marketing Communications, Vernon Building Society, 19 St Petersgate, Stockport, SK1 1HF. Alternatively, email unsubscribe@thevernon.co.uk.

HOW WE USE YOUR DATA

- The Vernon Building Society will only retain your personal data only for as long as necessary to administer your account in line with regulatory and legal requirements.
- The Vernon Building Society processes your personal information to enable it to provide a service for its members and customers which may include managing your accounts, maintaining its own accounts and records, supporting staff training and development, promoting its services; undertaking market research and the provision of financial services and advice.
- If false and inaccurate information is provided and fraud is identified, your details will be passed to fraud prevention agencies.
- The Vernon Building Society requires a lawful reason to process your personal data and for some processing more than one legal basis may be relevant (except where the Society relies on Consent). The Society uses the following reasons to process your personal data: Consent, Performance of a Contract, Legal Obligation and Legitimate Interests.

Section 8: Marketing Preferences

I would like to receive email updates about Vernon Building Society products, services, charity and news

| Owner/Controller | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

You can change your preferences at any time by emailing communications@thevernon.co.uk, calling 0161 429 6262 or writing to: Marketing Communications, Vernon Building Society, 19 St. Petersgate, Stockport, SK1 1HF.

Section 9: Declarations & Application

BEFORE SIGNING THIS FORM OVERLEAF PLEASE READ THE TERMS & CONDITIONS RELATING TO THIS ACCOUNT CAREFULLY AS WE SHALL SEEK TO RELY ON THEM.

Declarations

We the Firms Controllers/Owners whose signatures appear on this form declare that:

- We are the Controllers/Owners of the Firm who are authorised to open this Non-Designated Account.
- The sums to be invested in the Vernon Building Society will be held on behalf of the named Firms clients which is the property of clients of the Firm and is not made as nominee for any other company, society, fund or individual.
- We the Controllers/Owners of the Firm:
 - Provide authority to the persons listed to operate this Non-Designated Account on behalf of our clients.
 - Acknowledge our responsibility to advise the Vernon Building Society where any changes are made to the Firms Controllers/Owners or Appointed Signatories
 - Acknowledge the Firms responsibilities to undertake Customer Due Diligence requirements for all clients and maintain this ongoing to fulfil AML obligations and to be able to provide this information to the Vernon Building Society should this be required.
 - Understand that being a Controller/Owner and not the beneficial owner of the funds deposited we do not have the right to attend the AGM or vote on resolutions of the Society
 - Agree to be bound by the Rules of the Society.
 - Confirm we have read copies of the last published '[Annual Review & Report](#)' incorporating the 'Summary Financial Statement' and the '[Complaints Policy & Procedure](#)' Leaflet.
 - Confirm we have read a copy of the full [Terms & Conditions](#) of the account.
 - Undertake to advise the Vernon Building Society **within 30 days** of any change in circumstances which affects either the Firm or any Controlling Persons tax residence status declared on a previously completed Self-Certification Form which causes the information contained to become incorrect, and to provide the Vernon Building Society with a suitably updated Self-Certification and declaration **within 30 days** of such change in circumstances.

We the Controllers/Owners of the Firm detailed previous wish to apply to open an account on behalf of the Firm detailed in Section 1 of this Application Form to hold funds on behalf of non-designated clients of this Firm. provide authority to the persons listed within Part B of the Application Form to operate this client account to hold funds on behalf of undesignated clients of this Firm. We confirm that the details overleaf are correct, and our signatures are an acknowledgement to this declaration

| | | | | | |
|--------------------------------|----------------------|-----------|----------------------|------|----------------------|
| Controller/Owner Print Name | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Controller/Owner Print Name | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Controller/Owner Print Name | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Controller/Owner Print Name | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |

We confirm receipt of the FSCS Information Sheet providing basic information about the protection of eligible deposits relating to the Financial Services Compensation Scheme, including the Exclusions List. www.thevernon.co.uk/client-account | [FSCS Depositor Protection Information & Exclusions Sheet](#)

| Owner/Controller | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 10: Firm (Entity) Tax Declaration

Please can you complete in full the [Entity Tax Declaration Form](#) and submit this along with your completed Application Forms Part A & Part B. This form is available to be downloaded from the Society's website: www.thevernon.co.uk/client-account

Section 11: Identification

We need sufficient ID to open your account.

One form of identification is required for ALL of the Firms Controllers/Owners. The Society will also carry out an electronic verification search for each of the Firms Controllers/Owners.

Please refer to '[Our Identity Requirements](#)' Leaflet available on the Society's website for full details. www.thevernon.co.uk/client-account

Firms opening a Client Deposit Account are also required to provide:-

- One form of identification for any individual who owns or controls more than 25% of the Firms capital or profit, or its voting rights
- A copy of certificate of incorporation (Limited Companies)
- A copy of business letterhead (All companies)

We will also carry out a Companies House search on Limited Companies and a Law Society Registration search (if applicable).

Client Account (Non-Designated)



Application Form (PART B)

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

This form is for use by Solicitors & Trustees who wish to open an account for the management of non-designated or aggregated client funds. The Solicitors must meet the criteria detailed on the account summary box. An additional Application Form Part B should be completed where there are more than four Account Signatories. PLEASE ENSURE ALL SECTIONS ARE COMPLETED & THE FORM SUBMITTED WITH THE REQUIRED IDENTIFICATION.

Section 1: Account Name

Name of Account

| | |
|--|-----------------------|
| | CLIENT ACCOUNT |
|--|-----------------------|

Section 2: Authority

We the Controllers/Owners of the Firm detailed above provide authority to the persons listed within Section 3 of Application Form (Part B) to operate this client account in line with our instructions outlined in Form A Section 6 & Form B Section 3 on behalf of undesignated clients of this Firm.

| | | | | | |
|-----------------------------|--|-----------|--|------|--|
| Controller/Owner Print Name | | Signature | | Date | |
| Controller/Owner Print Name | | Signature | | Date | |
| Controller/Owner Print Name | | Signature | | Date | |
| Controller/Owner Print Name | | Signature | | Date | |

Section 3: Authorised Signatory Mandate Details

Please list below the names of the Appointed Signatories for the account.

| | Title | First Name(s) | Surname |
|---|-------|---------------|---------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Full details of each mandated signatory are provided in Section 5 of the Non-Designated Client Account Application Form Part B.

Section 4: Identification

We need sufficient ID to open the account.

One form of identification is required for each account Signatory. The Society will also carry out an electronic verification search for each of the Appointed Signatories. Please refer to '[Our Identity Requirements](#)' Leaflet available on the Society's website for full details. (www.thevernon.co.uk/client-account).

Section 5: Account Appointed Signatories

Account Signatory 1

Title Surname

First Name(s)

Date of Birth (DD/MM/YYYY) / /

National Insurance Number

Residential Address

Postcode

How long have you lived at this address?
Years Months

If less than 1 year please provide your previous address:-
Previous Residential Address

Postcode

How long did you live at this address?
Years Months

Email

Business Telephone Numbers
Day
Mobile

Role in firm

Nationality

Country of Residence

Position within the Organisation

Are you an existing VBS customer? Yes No

If Yes, please enter your existing Vernon account number(s)

Signature

Account Signatory 2

Title Surname

First Name(s)

Date of Birth (DD/MM/YYYY) / /

National Insurance Number

Residential Address

Postcode

How long have you lived at this address?
Years Months

If less than 1 year please provide your previous address:-
Previous Residential Address

Postcode

How long did you live at this address?
Years Months

Email

Business Telephone Numbers
Day
Mobile

Role in firm

Nationality

Country of Residence

Position within the Organisation

Are you an existing VBS customer? Yes No

If Yes, please enter your existing Vernon account number(s)

Signature

Section 5: Account Appointed Signatories (cont.)

Account Signatory 3

Title Surname

First Names(s)

Date of Birth (DD/MM/YYYY) / /

National Insurance Number

Residential Address

 Postcode

How long have you lived at this address?
 Years Months

If less than 1 year please provide your previous address:-

Previous Residential Address

 Postcode

How long did you live at this address?
 Years Months

Email

Telephone Numbers
 Day
 Mobile

Occupation

Nationality

Country of Residence

Position within the Firm

Are you an existing VBS customer? Yes No

If Yes, please enter your existing Vernon account number(s)

Signature

Account Signatory 4

Title Surname

First Names(s)

Date of Birth (DD/MM/YYYY) / /

National Insurance Number

Residential Address

 Postcode

How long have you lived at this address?
 Years Months

If less than 1 year please provide your previous address:-

Previous Residential Address

 Postcode

How long did you live at this address?
 Years Months

Email

Telephone Numbers
 Day
 Mobile

Occupation

Nationality

Country of Residence

Position within the Firm

Are you an existing VBS customer? Yes No

If Yes, please enter your existing Vernon account number(s)

Signature

Section 6: Your Personal Data (Signatories)

YOUR RIGHTS

For the purposes of General Data Protection Regulation, the Vernon Building Society is the Data Controller responsible for the processing of your personal data. You have the right to request in writing a copy of the details held about you and where necessary the right to object to certain processing, the right to correct, sometimes delete and restrict the personal data the Society uses. In addition, you have the right to complain to the Society and the Information Commissioners Office (the data protection regulator). Please refer to the Vernon Building Society’s Privacy Notice for further information on your rights.

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HOW WE USE YOUR DATA

- a) The Vernon Building Society will only retain your personal data only for as long as necessary to administer your account in line with regulatory and legal requirements.
- b) The Vernon Building Society processes your personal information to enable it to provide a service for its members and customers which may include managing your accounts, maintaining its own accounts and records, supporting staff training and development, promoting its services; undertaking market research and the provision of financial services and advice.
- c) If false and inaccurate information is provided and fraud is identified, your details will be passed to fraud prevention agencies.
- d) The Vernon Building Society requires a lawful reason to process your personal data and for some processing more than one legal basis may be relevant (except where the Society relies on Consent). The Society uses the following reasons to process your personal data: Consent, Performance of a Contract, Legal Obligation and Legitimate Interests.

Section 7: Marketing Preferences

I would like to receive email updates about Vernon Building Society products, services, charity & news

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Signatory | | | |
| 1 | 2 | 3 | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Section 8: Declarations

BEFORE SIGNING PLEASE READ THE TERMS & CONDITIONS RELATING TO THIS ACCOUNT CAREFULLY AS WE SHALL SEEK TO RELY ON THEM.

Declarations

We the Appointed Signatories of the account whose signatures appear on this form declare that:

- The sums to be invested in the Vernon Building Society will be held on behalf of the named Firms clients which is the property of clients of the Firm and is not made as nominee for any other company, society, fund or individual.
- We are the Appointed Signatories by the Controllers/Owners of the Firm are authorised to operate this Non-Designated Account on behalf of the firm’s clients as outlined in the instructions provided by them detailed on the Application Form Part A.

We the Appointed Signatories on this account:

- Agree to operate this Non-Designated Client Account in accordance to the mandate provided by the Controllers/Owners of the Firm which is documented on the Application Form Part A.
- Acknowledge our responsibility to advise the Vernon Building Society where any changes are made to the Firms Controllers/Owners or Appointed Signatories
- Acknowledge the Firms responsibilities to undertake Customer Due Diligence requirements for all clients and maintain this ongoing to fulfil AML obligations and to be able to provide this information to the Vernon Building Society should this be required.
- Understand that being a signatory and not the beneficial owner of the funds deposited we do not have the right to attend the AGM or vote on resolutions of the Society
- Agree to be bound by the Rules of the Society.
- Confirm we have read copies of the last published ‘Annual Review & Report’ incorporating the ‘Summary Financial Statement’ and the ‘[Complaints Policy & Procedure](#)’ Leaflet.
- Confirm we have read a copy of the full [Terms & Conditions](#) of the account.
- Undertake to advise the Vernon Building Society **within 30 days** of any change in circumstances which affects either the Firm or any Controlling Persons tax residence status declared on a previously completed Self-Certification Form which causes the information contained to become incorrect, and to provide the Vernon Building Society with a suitably updated Self-Certification and declaration **within 30 days** of such change in circumstances.

We confirm receipt of the FSCS Information Sheet providing basic information about the protection of eligible deposits relating to the Financial Services Compensation Scheme, including the Exclusions List. www.thevernon.co.uk/client-account | [FSCS Depositor Protection Information & Exclusions Sheet](#)

We confirm that the details overleaf are correct, and our signatures are an acknowledgement to this declaration

| | | | | | |
|--------------------|----------------------|-----------|----------------------|------|----------------------|
| Signatory 1 | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Print Name | <input type="text"/> | | | | |
| Signatory 2 | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Print Name | <input type="text"/> | | | | |
| Signatory 3 | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Print Name | <input type="text"/> | | | | |
| Signatory 4 | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Print Name | <input type="text"/> | | | | |

ENTITY TAX RESIDENCY SELF-CERTIFICATION DECLARATION

PLEASE READ BEFORE COMPLETING THIS FORM

The UK government has signed a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other countries. The requirement to collect certain information about each customer's tax arrangement is part of UK legislation and as a financial institution we are legally obliged to collect it.

We are asking for your Organisation's/Businesses tax residency and tax ID numbers (where applicable) and will record this on our records now, but will only disclose this information to the relevant tax authorities if and when we are required to under UK law.

To find the list of countries that have signed information sharing arrangements, please go to the OECG automatic exchange information portal

<http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/> and <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction/#d.en.345489>

Your tax residence generally is the country in which you live for more than half the year, but rules differ. Further details are available here:-

www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760

As a financial institution, we, the Vernon Building Society, are not allowed to give tax advice. If you have any questions on how to complete this form we recommend that you speak to your tax authority (for example HMRC in the UK) or your tax or legal adviser

PART 1 – ACCOUNT HOLDER INFORMATION

| | | |
|---|--------------------|---------------------------------------|
| Legal Name of Entity | Registered Address | Mailing Address <i>(if different)</i> |
| Country of Incorporation, Organisation or Registration of a Trust | | |
| Global Intermediary Identification Number (GIIN) <i>(Financial Institutions Only)</i> | | |

PART 2 – ENTITY TYPE

1. In relation to opening this account, please confirm if the Entity is:

- A Financial Institution inc. a professionally managed trust. (Please provide your GIIN in the space above)
Yes No
- A Registered UK Pension Fund
Yes No
- A Registered UK Charity with trustees (or directors if a charitable company) who are tax resident only in the UK
Yes No

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU DO NOT NEED TO FILL OUT THE REST OF THIS FORM

In relation to opening this account, is the Entity:

- An Actively Trading Non-Financial Institution
Yes No If Yes go to Q2
- A Non-Trading Investment Body
Yes No If Yes go to Q2
- Other
Yes No If Yes, detail below Then go to Q2

- 2. Is the Entity resident for tax purposes only in the UK?
Yes Go to Q5 No Go to Q3
- 3. If No to Q2, state if the Entity is resident for tax purposes in the US?
Yes Go to Q5 No Go to Q4
- 4. If no to Q3, state if the Entity is resident for tax purposes in any other country other apart from the UK or US
Yes Go to Q5 No Go to Q6
- 5. If the Entity is a Non-Trading Investment Body, such as a non-professionally managed trust or an investment company
Yes Go to Q5 No Go to Q6
- 6. If you answered No to Q4, please list the full names of each of the Owners/Controllers identified as part of AML/KYC

| | |
|--|--|
| | |
| | |
| | |

PART 3 – COUNTRY OF RESIDENCE FOR TAX PURPOSES

Please complete the table below in respect of the Entity indicating:

- (i) The country/countries where the Entity is tax resident; and
- (ii) The Tax Identification Number (TIN) for the country/countries of tax residence.

| County/Countries Entity is Tax Resident | Tax Identification Number (TIN) | If not provided, please detail why? |
|---|---------------------------------|-------------------------------------|
| | | |
| | | |
| | | |

PART 4 – DECLARATION

- I understand that the information I have supplied is covered by the full provisions of the Terms & Conditions governing _____ relationship with the Vernon Building Society, noting the Vernon Building Society may use and share the information I have supplied.
- I acknowledge that the information contained in this form and the information regarding reportable account(s) may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the country/countries in which this account(s) is/are maintained.
- I certify that I am authorised to sign for _____ in respect of all of the account(s) to which this form relates.
- I declare that all statements in this declaration are, to the best of my knowledge and belief are correct and complete.
- I undertake to advise the Vernon Building Society within 30 days of any change in circumstances which affects the tax residency status of the account holder identified in Part 1 of this form, or causes the information contained herein to become incorrect (including changes to the information on Owners/Controllers identified earlier), and to provide the Vernon Building Society with a suitably updated self-certification and declaration within up to 30 days of such change in circumstances.

Print Name

Date

Signature

Please indicate the capacity in which you’re signing the form (e.g. ‘authorised officer’). If signing under a Power of Attorney, please also attach a certified copy of the Power of Attorney.

Capacity