

Business Account(s) Opening Form for businesses introduced by an accountant

Please use black or blue ink and write clearly in the spaces provided in BLOCK CAPITAL letters. Mark relevant boxes with a clear cross.

1. TELL US ABOUT YOUR BUSINESS

☐

Public Limited Company

☐

Private Limited Company

☐

Sole Trader

Business Name

Trading Name (if applicable)

Company Number (if applicable)

Date of Incorporation/Formation

Registered Address

Correspondence address (if different)

Postcode

Postcode

Primary contact

Please provide contact details so that we may contact you in the event of any queries we may have concerning the opening of your Metro Bank Business Account

Title

Forename(s)

Surname

Position Held

Contact Number

E-Mail address

Nature of Business

Detailed description of activities

Website

How long has the Business actively been trading for?

1A. JUST A BIT MORE ... please complete all sections *(continued)*

If operating for less than 12 months, please complete sections a) b) & c) below

a) What was your employment prior to starting this business?

b) Amount of funds invested in your new business?

£

c) Source of these funds:

Personal Savings

☐

Funds from Investor

☐

Funds from Employment

☐

Loan

☐

Other please state here

Are you regulated by a professional body?

☐

Yes (If YES, please provide details below)

☐

No

Professional body name:

Registration number:

Number of Employees

Projected Annual
Turnover/Income

£

Approximately, what percentage of your Annual turnover/
income will be cash (coins and notes only) based?

 %

Projected Annual Balance
Sheet Total

☐

0 - £1,999,999

☐

£2m - £3,259,999

☐

£3.26m-£9,999,999

☐

£10m-£44,999,999

☐

£45m+

If your business is a registered charity, a UK registered pension scheme or a sole trader you are **not** required to complete the next two questions

1. Is more than 50% of your income from investments/dividends/interest/royalties?

☐

Yes

☐

No

☐

Don't Know

2. Is more than 50% of Company assets held for the purpose of generating this income?

☐

Yes

☐

No

☐

Don't Know

Do you make or receive International Payments?

☐

Yes

☐

No

If YES please specify the principal countries you trade with:

Countries you trade with	Frequency of transactions	Will you be trading with:	
		Businesses <input type="checkbox"/>	Individuals <input type="checkbox"/>
		Businesses <input type="checkbox"/>	Individuals <input type="checkbox"/>
		Businesses <input type="checkbox"/>	Individuals <input type="checkbox"/>
		Businesses <input type="checkbox"/>	Individuals <input type="checkbox"/>
		Businesses <input type="checkbox"/>	Individuals <input type="checkbox"/>

What other currencies will you be transacting in?

☐

EUR

☐

USD

☐

Other (Please Specify)

2. WHO OWNS YOUR BUSINESS AND WHO RUNS IT?

Beneficial Owners and Company Officials

Parent Companies

A Parent Company is a company which holds more than 50% of the voting rights in your business

Do you have a Parent Company? ☐ Yes (If YES, please provide us with a chart detailing the full group structure)

Beneficial Owner(s)

Beneficial Owner is any individual/Business who/that:

- ultimately owns or controls (whether through direct or indirect ownership or control, including through bearer shareholdings) **25% or more** of the shares or **25% or more** of the voting rights in your business; or
- otherwise exercises control over the management of your business.
- A Beneficial Owner must be identified using the Business Individual Identification and Verification Form regardless of whether or not they will be an account operator.

Company/Organisation Official(s)

Please provide details of all Company Officials (Directors/Designated Members/ Company Secretaries). Two of these Company Officials (if two or more exist) are required to be identified using the Business Individual Identification & Verification Form (whether they will be an account operator or not) and are required to sign the Declaration page of this Business Account(s) Opening Form. *Please note that if one of the Company Officials is a Company Secretary who plays no active role in the Company, there is no requirement for them to be identified and verified and they are not required to sign the Declaration page of this Business Account(s) Opening Form.

Please use this table to provide details of Beneficial Owners and Company Officials **only** (as detailed above)

Name of Individual/Organisation	% Shareholding (if Beneficial Owner)	Position in Business	Is this individual a UK Resident?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. HOW MAY WE HELP?**Business Current Account(s)**

Please select the Account Type you are applying for:

☐

Business Start Up (Operating for less than 12 months OR with no previous Bank Account, with Annual Turnover <£2M).

☐

Business Switcher (Operating for more than 12 months OR with an existing Bank Account, with Annual Turnover <£2M)

☐

Commercial For organisations with (a) a turnover and/or balance sheet total that exceeds £2 million; or (b) complex needs and requirements which make this account suitable.

Account Name

Account Name

Business Savings Account(s)

Select below if required

☐

Business Instant Access Savings Account

Account Name

Would you like one (or more) of our Extras?

Standard Online Banking

☐

Yes

☐

No

Commercial Online Banking*

☐

Yes

☐

No

Telephone Banking

☐

Yes

☐

No

A Cheque Book (Current Accounts Only)

☐

Yes

☐

No

A Paying In Book (Current Accounts Only)

☐

Yes

☐

No

Paperless Bank Statements

☐

Yes

☐

No

* Please note that additional fee(s) apply for Commercial Online Banking. Please refer to the IIS for full details.

4. ACCOUNT INTRODUCER DETAILS

Please note Metro Bank will disclose your account details with the Introducer details completed below (please see declaration on page 7).

Name of Company

Address

Postcode

Contact name

Telephone number

Email address

5. MANDATE

Please complete the following as appropriate

For a **Limited Company(Private, Public & Limited by Guarantee)** Sections 8 and 9 are mandatory.

Completion of this Mandate authorises Metro Bank to accept all instructions given, or acts performed, in accordance with the "Our Service Relationship with Business Customers" brochure (Terms and Conditions) and/or this Mandate on behalf of the Business Customer by:

- | | |
|---|---|
| <input type="checkbox"/> Any ONE of the Authorised Signatories* | <input type="checkbox"/> Any TWO of the Authorised Signatories |
| <input type="checkbox"/> ALL of the Authorised Signatories | <input type="checkbox"/> Authorised Signatories in accordance with the specific instructions set out below: |

*We may only:

- issue a debit card to an Authorised Signatory; and
- accept payment instructions via the telephone banking service, fax, email or the online service from an Authorised Signatory

who in either case, in accordance with the instructions set by the Business Customer in this Mandate, is able to consent to a payment without needing an additional signature or authority from another Authorised Signatory.

6. AUTHORISED SIGNATORIES

Authorised Signatory

An Authorised Signatory is an Account Operator who can have full access on a Business Account in accordance with the instructions set out in this Mandate.

Please specify below the Authorised Signatory(ies) who will operate your Business Account(s) by crossing the "Add individual" box. If you wish to remove any Authorised Signatory(ies), please cross the "Remove individual" box and complete the details below.

Please refer to section 1.3 of our Terms and Conditions for the definition of an Authorised Signatory.

Authorised Signatory 1

Please specify your instruction for this Account Operator:

- | | |
|---|--|
| <input type="checkbox"/> Add individual | <input type="checkbox"/> Remove individual |
|---|--|

Title Forename(s)

Surname

Debit Card Required? ☐ Yes ☐ No

Please note that a debit card can only be issued to an **Authorised Signatory** who can transact on the account(s) **independently**.

Scope of Permissions:

- | | |
|--------------------------------------|--|
| Telephone Banking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Obtain account information | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Set up payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Appoint other Account Operators | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Authorise, Amend and Cancel Payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Standard Online Banking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial Online Banking | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Authorised Signatory 2

Please specify your instruction for this Account Operator:

- | | |
|---|--|
| <input type="checkbox"/> Add individual | <input type="checkbox"/> Remove individual |
|---|--|

Title Forename(s)

Surname

Debit Card Required? ☐ Yes ☐ No

Please note that a debit card can only be issued to an **Authorised Signatory** who can transact on the account(s) **independently**.

Scope of Permissions:

- | | |
|--------------------------------------|--|
| Telephone Banking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Obtain account information | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Set up payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Appoint other Account Operators | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Authorise, Amend and Cancel Payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Standard Online Banking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial Online Banking | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. NOMINATED PERSONS

Nominated Persons

A Nominated Person is only authorised to access transaction information and account balances and may only transact on an Account in accordance with the limited scope of permissions requested below.

If you would like to appoint a Nominated Person(s) who will assist in the operation of your Business Account(s), please do so by crossing the 'Add Individual' box and complete the details below.

If you wish to remove any Nominated Person(s) from your Business Account(s), please cross 'Remove Individual' box and complete the details below.

Nominated Person 1

Please specify your instruction for this Account Operator:

☐ Add individual ☐ Remove individual

Title Forename(s)

Surname

Scope of Permissions:

Telephone Banking (Limited access*) ☐ Yes ☐ No
Obtain account information ☐ Yes ☐ No
Set up payments ☐ Yes ☐ No
Standard Online Banking (View only) ☐ Yes ☐ No
Commercial Online Banking (View only) ☐ Yes ☐ No

Nominated Person 2

Please specify your instruction for this Account Operator:

☐ Add individual ☐ Remove individual

Title Forename(s)

Surname

Scope of Permissions:

Telephone Banking (Limited access*) ☐ Yes ☐ No
Obtain account information ☐ Yes ☐ No
Set up payments ☐ Yes ☐ No
Standard Online Banking (View only) ☐ Yes ☐ No
Commercial Online Banking (View only) ☐ Yes ☐ No

Nominated Person 3

Please specify your instruction for this Account Operator:

☐ Add individual ☐ Remove individual

Title Forename(s)

Surname

Scope of Permissions:

Telephone Banking (Limited access*) ☐ Yes ☐ No
Obtain account information ☐ Yes ☐ No
Set up payments ☐ Yes ☐ No
Standard Online Banking (View only) ☐ Yes ☐ No
Commercial Online Banking (View only) ☐ Yes ☐ No

Nominated Person 4

Please specify your instruction for this Account Operator:

☐ Add individual ☐ Remove individual

Title Forename(s)

Surname

Scope of Permissions:

Telephone Banking (Limited access*) ☐ Yes ☐ No
Obtain account information ☐ Yes ☐ No
Set up payments ☐ Yes ☐ No
Standard Online Banking (View only) ☐ Yes ☐ No
Commercial Online Banking (View only) ☐ Yes ☐ No

*May obtain account balances, transaction information and set up payments only if 'Yes' is crossed above

8. THE VERY IMPORTANT (BUT BORING) STUFF

Authorities, Representations and Warranties

You are reminded that the Metro Bank "Our Service Relationship with Business Customers" brochure (the 'Terms and Conditions') and the relevant Important Information Summary (the 'IIS'), govern the operation and use of Metro Bank Accounts.

Please refer to the Terms and Conditions for a full description of the eligibility criteria applicable to each type of Account and the relevant IIS for key features (including charges and interest).

A. Please read and confirm the following:

- By signing this form the Limited Company (Private, Public & Limited by Guarantee), ('You'), request Metro Bank to open the specific type of Business Account(s) in your name.
- By signing this form 'You' agree that the account and related services, if this application is accepted, will be subject to the Terms and Conditions and the IIS, each may be amended from time to time
- By signing this Form 'You' represent(s) and warrant(s) in favour of Metro Bank that this application does not, and the account and related services if offered will not, contravene the terms of the business's constitutional documents or the terms of any agreement to which the business is a party.

The signature(s) below constitute(s) (as may be relevant):

- An application on behalf of the Limited Company (Private, Public & Limited by Guarantee) for a Business Current Account in accordance with the provisions of Section 3 and/or Business Instant Access Savings Account
- an application on behalf of the Limited Company (Private, Public & Limited by Guarantee) to participate in our Online Banking/ Telephone/E-mail/Fax service in accordance with the provisions of Section 3,

as well as the Mandate to Metro Bank in relation to the Limited Company (Private, Public & Limited by Guarantee) use and operation of its account(s) with Metro Bank.

Please read and confirm the following:

In all cases:

- By signing this Form, the Limited Company (Private, Public & Limited by Guarantee) ('You'):
 - authorise Metro Bank to pay and debit, receive and credit to your Business Account(s) all cheques or other orders to pay signed, made, accepted or given by or on behalf of You by the number of Authorised Signatories (and/or Nominated Person(s) where applicable depending on the scope of permission) specified in this Mandate as being required to consent to payments or made payable or endorsed in favour of You, notwithstanding that each such payment or debit may create or increase an instant overdraft (please see section 34.6 and 34.7 of the Terms and Conditions, together with the Important Information Summary, for more information on instant overdrafts);
 - authorise Metro Bank to act or otherwise rely upon any other instruction, notice or document given or signed by the number of Authorised Signatories (and/or Nominated Person(s) where applicable) if specified for such instruction, notice or document in this Mandate; and
 - authorise Metro Bank to give each account operator access to those facilities that You permit account operators to have in accordance with this Mandate.
- By signing this Form You represent and warrant that all information set out in this Mandate is true, accurate and complete.
- By signing this Form, You:
 - agree that (if applicable) all individuals nominated in this Mandate as account operators shall be authorised to act in accordance with this Mandate until Metro Bank receives written notification to the contrary (such notification to be provided in accordance with the terms of this Mandate);
 - agree that Metro Bank can rely on all the other information provided in this Mandate unless and until notified otherwise in accordance with the terms of this Mandate; and
 - in consideration of Metro Bank complying with this Mandate (including the authorities conferred by this Mandate) undertake to indemnify Metro Bank against any loss, charge or expense that Metro Bank may suffer or sustain and to absolve Metro Bank of all liability for loss or damage which You may sustain as a result of Metro Bank acting on this Mandate.

9. DECLARATION AND SIGNATURES

I/We confirm that the names, residential addresses, dates of birth, official positions and specimen signatures of the Authorised Signatory(ies) and/or Nominated Person(s), as set out in Sections 6 and 7 and their respective Business Individual Identification & Verification forms (which shall form part of this Mandate), are true and correct.

I/We confirm that the Mandate has been completed, signed and dated under the authority properly conferred by any constitutional documents and (if applicable) by a duly constituted and quorate meeting of, for example, the Board of Directors, and that such authority has not been amended or revoked and otherwise remains in full force and effect as at the date indicated below next to my/our signature.

I/We authorise Metro Bank to disclose details of our Account(s) to your Professional Adviser as named on this Application Form in section 4, or their successors in title.

Director/Company Secretary (please circle)
on behalf of the Limited Company (Private, Public & Limited by Guarantee)

Print Name

Signature

Date

Director/Company Secretary (please circle)
on behalf of the Limited Company (Private, Public & Limited by Guarantee)

Print Name

Signature

Date

Individual Identification & Verification Form

For the identification and verification of Account Operators (Nominated Persons and Authorised Signatories) and Responsible Individuals of an account.

Please use black or blue ink and write clearly in the spaces provided in BLOCK CAPITAL letters. Mark relevant boxes with a clear cross.

1. ACCOUNT NAME

Account Name

Position Held

Will you be an Account Operator?

☐ Yes ☐ No

2. PERSONAL DETAILS

Title

Gender

First Name

Home Telephone Number

Middle Name(s)

Mobile Telephone Number

Surname

Email Address

Previous Surname
(if applicable)

Country of Birth

Date of Birth

Nationality

3. YOUR ADDRESS HISTORY

Current Address

Date Moved In

Residential Status
(homeowner/
tenant/etc)

Postcode

If you have lived at your current address for less than three years, please also provide your previous addresses below

Previous Address

Date Moved In

Residential Status
(homeowner/
tenant/etc)

Postcode

Previous Address

Date Moved In

Residential Status
(homeowner/
tenant/etc)

Postcode

4. TAX COMPLIANCE: INTERNATIONAL EXCHANGE OF INFORMATION AGREEMENT - INDIVIDUAL SELF CERTIFICATION

Tax Regulations¹ require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with HMRC. If you have any questions about your tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes within 30 days.

Completion of this section is a regulatory requirement for Sole Traders.
Please note we are obliged to provide HMRC with details about Customers who are required to but do not complete this section.

Tax residency

Please answer questions a) and b):

a. Are you resident for tax in the UK? ☐ Yes ☐ No ☐ Don't Know

(If you have always lived in the UK then you are likely to be UK tax resident. However, if this does not apply and you are unsure of your status, you should seek professional tax advice.)

b. Are you resident for tax in any other country? ☐ Yes ☐ No ☐ Don't Know

If you have ticked "Yes" to question b, please indicate all countries in which you are resident for tax purposes and provide the associated Tax Reference Numbers. If you are a US citizen or resident, please include United States in this table along with your US Tax Identification Number (TIN). If you are unable to provide a TIN, please check the box to certify that a TIN is unavailable.

Country/Countries of Tax Residency	TIN / Tax Reference Number	TIN / Tax Reference Number Unavailable
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

5. DECLARATION AND SIGNATURE

Credit Reference Agencies

When you make this application to become an Account Operator as defined in section 1.3 of the "Our Service Relationship with Business Customers" brochure (Terms and Conditions), Metro Bank will make various checks in order to assess your eligibility to become an Account Operator, to verify your identity and to prevent and detect crime and money laundering. Metro Bank will search records held by credit reference agencies ('CRAs') when considering this application.

Fraud Prevention Agencies

If you give false or inaccurate information and fraud is identified or suspected, details may be passed to fraud prevention agencies and/or CRAs to prevent fraud and money laundering. Law enforcement agencies may access and use this information.

Giving Your Consent

We would like to contact you to tell you about our other products and services that we think you might be interested in. If you would like to be contacted by any of the following means, please let us know by crossing the relevant box(es) below;

☐ Post ☐ Phone ☐ SMS ☐ Email

More information is available about how Metro Bank will use your information. You have been given a copy of the Terms and Conditions which includes a section titled "The information we may collect about you and responsible individuals" (please see part 5). More detailed information is also available about how Metro Bank will use your information in our "Guide to the Use of Your Information - Business Customers" brochure. Please ask any Metro Bank team member for a copy of this leaflet. **By signing this form you agree to Metro Bank using your information as set out above and in the ways described in the leaflet.** You can contact us in writing at **Metro Bank PLC, One Southampton Row, London, WC1B 5HA** or **enquiries@metrobank.plc.uk** at any time if you would like us to stop using your data in a manner to which you have previously consented.

Any decision by Metro Bank to accept your application to become an Account Operator in relation to the Account identified in section 1 (the 'Relevant Account') will be based on the information set out in this application. By signing this application form, you declare that the information set out in this application is, to the best of your knowledge and belief, correct and not misleading. If it alters at any time you must tell Metro Bank promptly in writing.

If your application is accepted, you will not have any rights under the Terms and Conditions in your capacity as Account Operator. However the Relevant Entity will be responsible for your acts or omissions as if they were its own. We have recommended that the Relevant Entity should make you aware of its obligations to Metro Bank under the Terms and Conditions.

Before signing this form you should carefully read the Terms and Conditions and the "Important Information Summary". If there is anything you do not understand then please discuss it with a Metro Bank Customer Service Representative before signing this application form.

Print Name

Signature

Date

Metro Bank staff use only

Individual Customer Number

Customer seen in store: Face-to-face ID&V completed

☐

Customer not present: Remote ID&V completed

☐

Existing Customer: ID&V already held

☐

Colleague name

Colleague signature

Date

Individual Identification & Verification Form

For the identification and verification of Account Operators (Nominated Persons and Authorised Signatories) and Responsible Individuals of an account.

Please use black or blue ink and write clearly in the spaces provided in BLOCK CAPITAL letters. Mark relevant boxes with a clear cross.

1. ACCOUNT NAME

Account Name

Position Held

Will you be an Account Operator?

☐ Yes ☐ No

2. PERSONAL DETAILS

Title

Gender

First Name

Home Telephone Number

Middle Name(s)

Mobile Telephone Number

Surname

Email Address

Previous Surname
(if applicable)

Country of Birth

Date of Birth

Nationality

3. YOUR ADDRESS HISTORY

Current Address

Date Moved In

Residential Status
(homeowner/
tenant/etc)

Postcode

If you have lived at your current address for less than three years, please also provide your previous addresses below

Previous Address

Date Moved In

Residential Status
(homeowner/
tenant/etc)

Postcode

Previous Address

Date Moved In

Residential Status
(homeowner/
tenant/etc)

Postcode

4. TAX COMPLIANCE: INTERNATIONAL EXCHANGE OF INFORMATION AGREEMENT - INDIVIDUAL SELF CERTIFICATION

Tax Regulations¹ require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with HMRC. If you have any questions about your tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes within 30 days.

Completion of this section is a regulatory requirement for Sole Traders.
Please note we are obliged to provide HMRC with details about Customers who are required to but do not complete this section.

Tax residency

Please answer questions a) and b):

a. Are you resident for tax in the UK? ☐ Yes ☐ No ☐ Don't Know

(If you have always lived in the UK then you are likely to be UK tax resident. However, if this does not apply and you are unsure of your status, you should seek professional tax advice.)

b. Are you resident for tax in any other country? ☐ Yes ☐ No ☐ Don't Know

If you have ticked "Yes" to question b, please indicate all countries in which you are resident for tax purposes and provide the associated Tax Reference Numbers. If you are a US citizen or resident, please include United States in this table along with your US Tax Identification Number (TIN). If you are unable to provide a TIN, please check the box to certify that a TIN is unavailable.

Country/Countries of Tax Residency	TIN / Tax Reference Number	TIN / Tax Reference Number Unavailable
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

5. DECLARATION AND SIGNATURE**Credit Reference Agencies**

When you make this application to become an Account Operator as defined in section 1.3 of the "Our Service Relationship with Business Customers" brochure (Terms and Conditions), Metro Bank will make various checks in order to assess your eligibility to become an Account Operator, to verify your identity and to prevent and detect crime and money laundering. Metro Bank will search records held by credit reference agencies ('CRAs') when considering this application.

Fraud Prevention Agencies

If you give false or inaccurate information and fraud is identified or suspected, details may be passed to fraud prevention agencies and/or CRAs to prevent fraud and money laundering. Law enforcement agencies may access and use this information.

Giving Your Consent

We would like to contact you to tell you about our other products and services that we think you might be interested in. If you would like to be contacted by any of the following means, please let us know by crossing the relevant box(es) below;

☐ Post ☐ Phone ☐ SMS ☐ Email

More information is available about how Metro Bank will use your information. You have been given a copy of the Terms and Conditions which includes a section titled "The information we may collect about you and responsible individuals" (please see part 5). More detailed information is also available about how Metro Bank will use your information in our "Guide to the Use of Your Information - Business Customers" brochure. Please ask any Metro Bank team member for a copy of this leaflet. **By signing this form you agree to Metro Bank using your information as set out above and in the ways described in the leaflet.** You can contact us in writing at **Metro Bank PLC, One Southampton Row, London, WC1B 5HA** or **enquiries@metrobank.plc.uk** at any time if you would like us to stop using your data in a manner to which you have previously consented.

Any decision by Metro Bank to accept your application to become an Account Operator in relation to the Account identified in section 1 (the 'Relevant Account') will be based on the information set out in this application. By signing this application form, you declare that the information set out in this application is, to the best of your knowledge and belief, correct and not misleading. If it alters at any time you must tell Metro Bank promptly in writing.

If your application is accepted, you will not have any rights under the Terms and Conditions in your capacity as Account Operator. However the Relevant Entity will be responsible for your acts or omissions as if they were its own. We have recommended that the Relevant Entity should make you aware of its obligations to Metro Bank under the Terms and Conditions.

Before signing this form you should carefully read the Terms and Conditions and the "Important Information Summary". If there is anything you do not understand then please discuss it with a Metro Bank Customer Service Representative before signing this application form.

Print Name

Signature

Date

Metro Bank staff use only

Individual Customer Number

Customer seen in store: Face-to-face ID&V completed

☐

Customer not present: Remote ID&V completed

☐

Existing Customer: ID&V already held

☐
Colleague name

Colleague signature

Date