



Private Management Account

For Action by Professional Adviser only

Master Account Number

Account Number Allocated

Any information section not completed will be interpreted as though there is no information to input. Remember to Sign the Declaration in Part 6 before you return this form.

PART 1 CHOICE OF ACCOUNTS TO OPEN

Please tick which Account(s) you wish to apply for. Indicate the amount to be deposited; whether a chequebook and/or paying-in book is required; and if you would like internet Banking passwords to be issued to all Authorised Signatories.

Reserve Account (minimum £5,000 or equivalent per currency)

£ STERLING

£

Chequebook

Paying-in Book

Internet Banking

€ EURO

€

\$ US DOLLAR

\$

Asset 3D Account (minimum £5,000)

£ STERLING

£

I would like internet Banking access (All Accounts will appear within internet Banking)

Cheques should be made payable to the Name that you wish your new Account to be in. No cash, postal orders or third party cheques accepted.

Please note that only fully transactional accounts, requiring a single signature to transact, have full internet Banking functionality. All other accounts will have View Only access.

PART 2 SUPPLEMENTARY INFORMATION ABOUT YOU

Your Account Number with us (if existing Account holder)

Name to be shown on new Account* (To appear on chequebooks and/or paying-in book, where applicable, minimum 36 characters per line)

CRISCOLL, FRANCIE

Contact Name

AS STATED

Position

SOLE OWNER

Name of Business/trading Name/Registered Corporate Name

N/A

Nature/Purpose of the Business

(Please tick the main activity that it is involved in)

Registered Office Address

(The information must match Companies House records)

N/A- DEPOSIT-HOLDING ACCOUNT

Principal Trading Address

EXCEPT- INDEPENDENT ACCOUNT HOLDER

*The Account shown will reflect/reflects the Company Name/Trading Name

Exhibit

C

PART 2 (CONT'D) **YOUR BUSINESS CAPITAL REQUIREMENTS - ALL ACCOUNTS**

Address for Correspondence*
(If different to Registered/Trade Address)
 SEE ATTACHED FILE INFO- VAR-CODE 48220

Registered Number

Business Telephone Number

Mobile Telephone Number

Email Address

Standard Industry Classification (S.I.C.) code (if known)

Expected source of deposit/payment (Please tick all that apply)
 Trading First Invoice Transfer from another account Other

If Other, please state

Please advise the source of wealth, where initial deposit/payment is over £10,000 (or equivalent in currency)
 Initial share capital Trading Other

If Other, please state

What will this Account be used for?
 Savings Current/Trading Other

If Other, please state

Anticipated Business Turnover _____ per annum

Anticipated Turnover through this Account _____ per month

PART 3 **INTRODUCTION BY A PROFESSIONAL ADVISOR**

Have you been introduced by a Professional Adviser? Yes No
 If NO, go to PART 4. If Yes, please complete the details below.

Name of Company

Address for Correspondence

Telephone Number

Contact Name

Email Address

PERSONAL DETAILS

In order to ensure that the Bank's information is always up to date, and to comply with Anti Money Laundering Regulations, please complete the form below. In some circumstances the Bank may not be able to process this request without this information.

If this application form does not provide you with enough space for everyone's Personal Details, please photocopy this section of the form and complete for each additional person then attach all relevant pages to this application.

DETAILS OF 1ST PERSON

Please tick all appropriate boxes.

Existing Customer Existing Account number [REDACTED] New Customer

Chairperson Director 25%+ Shareholder Principal Controller Authorised Signatory Other Beneficial Owner

If you are a 25%+ Shareholder please tell us what % you hold [REDACTED] %

Title (e.g. Mr/Mrs/Ms/Ms/Other) Mobile Telephone no. [REDACTED]

First Name Business Telephone no. [REDACTED]

Middle Name(s) Email Address

Surname Previous Home Address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

Previous Surname/Other name you use(d)

Gender Male Female

Nationality

2nd Nationality (if dual citizen)

Date of Birth (Day/Month/Year)

Current Home Address (Permanent Residential Address)

Postcode

Country of Residence

How long have you been at your current home address? Years Months

Home Telephone no.

Personal Banking Details:

Name of Bank or Building Society

Branch Postcode

Bank Sort Code

Your Account Number

Account Name

How long have you been with your bank? Years Months

I confirm that I have enclosed Customer Identification in accordance with the Customer Identification Requirements Sheet.

I confirm that a CMC is being supplied.

If you are the Chairperson, a 25%+ Shareholder, any other Beneficial Owner or the Principal Controller and ARE NOT an Authorised Signatory then please sign the following statement.

I agree that I have read and understood the Data Protection Statement, in Part 6 of this Application Form, and agree that my Personal Details above are correct.

Full Name

Signature