



# BUSINESS SAVINGS APPLICATION FORM

PROGRESSIVE  
BUILDING SOCIETY

For use by Limited Liability Partnerships (LLPs), Limited Companies, Public Sector Bodies, Charities, Solicitors, Churches and Credit Unions. (In this Application form, collectively known as 'Organisation/Business' or combination of either).

**This Business Savings Application Form is split into the following sections:**

**Section 1:** Type of account to be opened

**Section 2:** Organisation/business details

**Section 3:** Contact details

**Section 4:** Organisation/business particulars

**Section 5:** Source of funds

**Section 6:** Interest Instructions

**Section 7:** Personal details

Part A: Account signatories

Part B: Beneficial Owners

Part C: Names of Directors /Partners

Part D: Names of Senior Managers

**Section 8:** Self certification for the organisation/business

**Section 9:** Declarations

**Section 10:** Signatures

Please complete **ALL relevant sections** in the application form and write clearly in **CAPITAL LETTERS**.

What you will need to open an account:

**Limited Companies and Limited Liability Partnerships:**

- A certified or true copy of the company's Certificate of Incorporation
- Certified or true copy of photographic identification for all account signatories and beneficial owners. A beneficial owner is any individual who owns or controls more than 25% of the shares or voting rights of the company, any individual who exercises control over the management of the company or any individual who exercises significant influence or control over the company. (please refer to the 'Proving Your Identity' leaflet).
- Names of all Directors and Senior Managers should be recorded in Part C and Part D
- Account signatories, beneficial owners and company directors must complete the Self Certification for Tax Residency Status under the relevant sections
- Account signatories and beneficial owners should read the declarations contained in Section 9 and sign Section 10
- All individuals recorded on the company's PSC Register should be recorded on the application form
- Please specify the number of signatures required to operate the account in Part A of Section 7

**Public Sector Bodies:**

- A letter detailing a list of authorised signatories and authorising one or more of those signatories to give instructions on the account
- Certified or true copy of photographic identification for all account holders (please refer to the 'Proving Your Identity' leaflet)
- Names of all Directors and Senior Managers should be recorded in Part C and Part D
- Account signatories must complete the Self Certification for Tax Residency Status under the relevant sections
- Account signatories should read the declarations contained in Section 9 and sign Section 10

**Charities:**

- An original or certified true copy of the Constitution
- HM Revenue & Customs correspondence confirming charity number (for charities only)
- Certified or true copy of photographic identification for all account signatories (please refer to the 'Proving Your Identity' leaflet)
- All sections are to be completed but you are only required to complete Part A of Section 7
- Please specify the number of signatures required to operate the account in Part A of Section 7
- Account signatories should read the declarations contained in Section 9 and sign Section 10

**Solicitors:**

- Certified or true copy of photographic identification for all account signatories (please refer to the 'Proving Your Identity' leaflet)
- Names of all Partners should be recorded in Part C and Part D of Section 7
- Please specify the number of signatures required to operate the account in Part A of Section 7
- Account signatories should read the declarations contained in Section 9 and sign Section 10

**Churches:**

- Certified or true copy of photographic identification for all account signatories (please refer to the 'Proving Your Identity' leaflet)
- All sections are to be completed but you are only required to complete Part A of Section 7
- Please specify the number of signatures required to operate the account in Part A of Section 7
- Account signatories should read the declarations contained in Section 9 and sign Section 10

**Credit Unions:**

- A letter detailing a list of authorised signatories and authorising one or more of those signatories to give instructions on the account
- Certified or true copy of photographic identification for all account signatories (please refer to the 'Proving Your Identity' leaflet)
- All sections are to be completed but you are only required to complete Part A of Section 7
- Please specify the number of signatures required to operate the account in Part A of Section 7
- Account signatories should read the declarations contained in Section 9 and sign Section 10

Ensure all key account parties including account signatories and beneficial owners have read the 'Use of your information' section in this application form and signed Section 10

**1. TYPE OF ACCOUNT TO BE OPENED**

Please invest £  in the following account

**2. ORGANISATION/BUSINESS DETAILS**

Name of organisation/business   
(company trading name)

Registered name (if different)

Nature/purpose of organisation/business   
(as registered)

Please use a tick box to indicate the legal status of organisation/business

Limited Company or Limited Liability Partnership     Credit Union     Public Sector Body     Solicitor

Charity or Church     Other (please specify)

Company registration number (if applicable)

FCA/PRA registration number (if applicable)   
(6 digits, no letters)

Charity number (if applicable)

Other number (if applicable)

Country of registration

The law to which the business/organisation is subject to

**3. CONTACT DETAILS**

Organisation/business trading address

(No PO Box or c/o addresses)

(This is the address that we will send all correspondence to unless you tell us otherwise)

Postcode

Previous address

(Only complete if the business has been at the current address for less than 3 years. Please list all the previous addresses for the last 3 years. Please attach an additional sheet if required)

Postcode

Correspondence address

(Please complete only if different from organisation/business trading address shown above)

Postcode

Registered address

(Please complete only if different from organisation/business trading address shown above)

Postcode

Telephone no.

Fax no.

Email address

Website

**4. ORGANISATION/BUSINESS PARTICULARS**

How many Directors/Partners/Owners/Trustees are there?

How many employees does the business have?

How much do you expect to pay into the account on an annual basis?

How do you expect to make future payments into the account?  
(eg cash, cheque, electronic transfers or debit card)

What is the total asset size of the business?

What was the business turnover last year?

**5. SOURCE OF FUNDS**

If you are opening the account with £10,000 or more please use a tick box to indicate the source of the money

Shareholder funds

Sale of asset

Trading income

Bank finance

Directors' loan

Other (please specify) \_\_\_\_\_

**6. INTEREST INSTRUCTIONS**

Please use a tick box to indicate how you wish the interest to be paid

Credited to this account

Paid to another bank/building society

Bank/Building society name

Account name

A/c no.

Sort code

Payment ref.

## 7. PERSONAL DETAILS

In this section we require the personal details of all account signatories and beneficial owners. Names of all Senior Managers and Directors should also be recorded in Sections 7C and 7D.

### A. Account signatories

The following officer(s) is/are authorised to sign for withdrawals from the account and that the signature(s) of any **\*one/two/three/all** of these shall be full and sufficient discharge for all monies withdrawn (\*delete where inapplicable)

If the funds invested are for a SIPP or a SASS is the member trustee also required to sign?  Yes  No

#### Signatory 1

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Forename(s)	<input type="text"/>				
Surname	<input type="text"/>				
Date of birth	<input type="text"/>				
Nationality	<input type="text"/>				
Position held within organisation	<input type="text"/>				
Permanent home address (inc postcode)	<input type="text"/>				
	Postcode:				
Previous address if moved within past 3 years	<input type="text"/>				
	Postcode:				
Daytime tel no.	<input type="text"/>				
Mobile no.	<input type="text"/>				
Email	<input type="text"/>				
Security identifier e.g. mother's maiden name	<input type="text"/>				
Signature	<input type="text"/>				

#### Signatory 2

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Forename(s)	<input type="text"/>				
Surname	<input type="text"/>				
Date of birth	<input type="text"/>				
Nationality	<input type="text"/>				
Position held within organisation	<input type="text"/>				
Permanent home address (inc postcode)	<input type="text"/>				
	Postcode:				
Previous address if moved within past 3 years	<input type="text"/>				
	Postcode:				
Daytime tel no.	<input type="text"/>				
Mobile no.	<input type="text"/>				
Email	<input type="text"/>				
Security identifier e.g. mother's maiden name	<input type="text"/>				
Signature	<input type="text"/>				

#### Self certification for tax residency status

Are you a citizen and tax resident of the UK only? Yes  No

If NO, you will be required to complete a separate self certification form

#### Senior Public Figure

Are you currently or have you ever been a senior public figure?

Yes  No

*\*Senior public figure – occupying or have occupied a senior position in the government in any department, agency, subsidiary government organisation or political party.*

If **'YES'** please state your position and dates in

position

From  To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

#### Self certification for tax residency status

Are you a citizen and tax resident of the UK only? Yes  No

If NO, you will be required to complete a separate self certification form

#### Senior Public Figure

Are you currently or have you ever been a senior public figure?

Yes  No

*\*Senior public figure – occupying or have occupied a senior position in the government in any department, agency, subsidiary government organisation or political party.*

If **'YES'** please state your position and dates in

position

From  To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

### Signatory 3

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Forename(s)	<input type="text"/>				
Surname	<input type="text"/>				
Date of birth	<input type="text"/>				
Nationality	<input type="text"/>				
Position held within organisation	<input type="text"/>				
Permanent home address (inc postcode)	<input type="text"/>				
	Postcode:				
Previous address if moved within past 3 years	<input type="text"/>				
	Postcode:				
Daytime tel no.	<input type="text"/>				
Mobile no.	<input type="text"/>				
Email	<input type="text"/>				
Security identifier e.g. mother's maiden name	<input type="text"/>				
Signature	<input type="text"/>				

#### Self certification for tax residency status

Are you a citizen and tax resident of the UK only? Yes  No   
If NO, you will be required to complete a separate self certification form

#### Senior Public Figure

Are you currently or have you ever been a senior public figure?

Yes  No

*\*Senior public figure – occupying or have occupied a senior position in the government in any department, agency, subsidiary government organisation or political party.*

If 'YES' please state your position and dates in

position

From  To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

### Signatory 4

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Forename(s)	<input type="text"/>				
Surname	<input type="text"/>				
Date of birth	<input type="text"/>				
Nationality	<input type="text"/>				
Position held within organisation	<input type="text"/>				
Permanent home address (inc postcode)	<input type="text"/>				
	Postcode:				
Previous address if moved within past 3 years	<input type="text"/>				
	Postcode:				
Daytime tel no.	<input type="text"/>				
Mobile no.	<input type="text"/>				
Email	<input type="text"/>				
Security identifier e.g. mother's maiden name	<input type="text"/>				
Signature	<input type="text"/>				

#### Self certification for tax residency status

Are you a citizen and tax resident of the UK only? Yes  No   
If NO, you will be required to complete a separate self certification form

#### Senior Public Figure

Are you currently or have you ever been a senior public figure?

Yes  No

*\*Senior public figure – occupying or have occupied a senior position in the government in any department, agency, subsidiary government organisation or political party.*

If 'YES' please state your position and dates in

position

From  To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

**B. Beneficial Owners**

A beneficial owner is described as an individual who owns or controls more than 25% of the shares or voting rights of the company, any individual who exercises control over the management of the company or any individual who exercises significant influence or control over the company.

**Beneficial owner 1**

Title Mr  Mrs  Miss  Ms  Other

Forename(s)

Surname

Date of birth

Nationality

Position held within organisation

Permanent home address (inc postcode)

Postcode:

Previous address if moved within past 3 years

Postcode:

Daytime tel no.

Mobile no.

Email

**Beneficial owner 2**

Title Mr  Mrs  Miss  Ms  Other

Forename(s)

Surname

Date of birth

Nationality

Position held within organisation

Permanent home address (inc postcode)

Postcode:

Previous address if moved within past 3 years

Postcode:

Daytime tel no.

Mobile no.

Email

**Self certification for tax residency status**

Are you a citizen and tax resident of the UK only? Yes  No   
 If NO, you will be required to complete a separate self certification form

**Self certification for tax residency status**

Are you a citizen and tax resident of the UK only? Yes  No   
 If NO, you will be required to complete a separate self certification form

**Senior Public Figure**

Are you currently or have you ever been a senior public figure?  
 Yes  No

*\*Senior public figure – occupying or have occupied a senior position in the government in any department, agency, subsidiary government organisation or political party.*

If 'YES' please state your position and dates in

position

From  To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

**Senior Public Figure**

Are you currently or have you ever been a senior public figure?  
 Yes  No

*\*Senior public figure – occupying or have occupied a senior position in the government in any department, agency, subsidiary government organisation or political party.*

If 'YES' please state your position and dates in

position

From  To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

### Beneficial owner 3

Title Mr  Mrs  Miss  Ms  Other

Forename(s)

Surname

Date of birth

Nationality

Position held within organisation

Permanent home address (inc postcode)

Postcode:

Previous address if moved within past 3 years

Postcode:

Daytime tel no.

Mobile no.

Email

#### Self certification for tax residency status

Are you a citizen and tax resident of the UK only? Yes  No   
 If NO, you will be required to complete a separate self certification form

#### Senior Public Figure

Are you currently or have you ever been a senior public figure?

Yes  No

*\*Senior public figure – occupying or have occupied a senior position in the government in any department, agency, subsidiary government organisation or political party.*

If 'YES' please state your position and dates in

position

From  To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

### Beneficial owner 4

Title Mr  Mrs  Miss  Ms  Other

Forename(s)

Surname

Date of birth

Nationality

Position held within organisation

Permanent home address (inc postcode)

Postcode:

Previous address if moved within past 3 years

Postcode:

Daytime tel no.

Mobile no.

Email

#### Self certification for tax residency status

Are you a citizen and tax resident of the UK only? Yes  No   
 If NO, you will be required to complete a separate self certification form

#### Senior Public Figure

Are you currently or have you ever been a senior public figure?

Yes  No

*\*Senior public figure – occupying or have occupied a senior position in the government in any department, agency, subsidiary government organisation or political party.*

If 'YES' please state your position and dates in

position

From  To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

### C. Directors/Partners

If any of the Directors fall under the definition of a beneficial owner they should complete Section 7B above.

Full name	Are you a citizen and tax resident of the UK only? If NO, you will be required to complete a separate self certification form.	
	Yes	No
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

### D. Senior Management

Full name	Position in Company
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 8. SELF CERTIFICATION FOR THE ORGANISATION/BUSINESS

This section must be completed before the account can be opened

1. In relation to opening this account, is the organisation/business:

- a registered UK pension fund  Yes  No
- a financial institution (including a professionally managed trust) (if so, please provide your GIIN<sup>1</sup> in the box below)  Yes (Provide GIIN)  No

GIIN No:

- a registered UK charity<sup>2</sup> with trustees (or directors in the case of a charitable company) who are tax resident only in the UK and/or the US  Yes  No

**If you answered yes to any of the above you do not need to fill out the rest of this section. Please proceed to section 9.**

In relation to opening this account is the organisation/business:

- actively trading non-financial institution  Yes (go to Q2)  No
- non-trading investment body<sup>3</sup>  Yes (go to Q2)  No
- other  Yes  No (please specify and then go to Q2)

2. Is the organisation/business resident for tax purposes only in the UK<sup>4</sup>?

Yes (go to Q5)  No (go to Q3)

3. Please state if the organisation/business is resident for tax purposes in the US?

Yes (go to Q5)  No (go to Q4)

4. Please state if the organisation/business is resident for tax purposes in any country apart from the UK and US?   
Yes (go to Q5)  No (go to Q6)

5. If the organisation/business is a non-trading investment body, such as a non-professionally managed trust or an investment company, are all of the controlling persons<sup>5</sup> of the organisation/business resident for tax purposes only in the UK?

Yes (stop)  No (go to Q6)

6. For each Director, Beneficial Owner and Officers authorised to make withdrawals, please record the person's details and the country or countries in which they are tax resident, together with any tax reference number(s)/tax identification number(s) using a separate self certification form which can be obtained from your local branch.

**You must inform Progressive Building Society of any changes in your circumstances, such as moving outside the UK, that may affect this declaration.**

### Information

The UK government has, and will be signing, a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other jurisdictions. The requirement to collect certain information about each customer's tax arrangement is part of UK legislation and as a financial services company we are legally obliged to collect it. We are asking for your 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.

If you have any questions on how to complete this section we recommend that you speak to your tax or legal adviser.

I/ We undertake to inform Progressive Building Society of any change in circumstances that may affect this declaration.

<sup>1</sup> If you do not have a GIIN yet, please notify us when you have been issued one. GIINs are required from 1 January 2015.

<sup>2</sup> If your charity is not a UK one, or the trustees are tax resident in a country other than the UK, the remainder of this form must be completed.

<sup>3</sup> Includes a non-professionally managed trust.

<sup>4</sup> Tax residency rules for organisations/businesses vary from country to country, and can be quite complicated. For instance, companies will often be tax resident in the country where they are incorporated and may also be resident in any other countries in which they conduct business, while trusts may need to consider where their trustees are resident. If there is doubt about where an entity is tax resident, professional advice may be required.

<sup>5</sup> Controlling persons – for a trust this includes settlor, trustee, protector (if any) beneficiary or class of beneficiaries. For any other entity, it includes a shareholder and any other natural person exercising ultimate control over the investment.



## 9. DECLARATIONS

I acknowledge that the information contained in this form and 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/ies in which this account(s) is/are maintained.

I certify that I am authorised to sign for \* in respect of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Progressive 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 section 8 of this form or causes the information contained herein to become incorrect including any changes to the information on controlling persons identified earlier, and to provide Progressive Building Society with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

**Signature:**

**Print name:**

**Date:**

Please indicate the capacity in which you are signing the form (for example "authorised officer").

If signing under a power of attorney please also attach a certified copy of the power of attorney.

**Capacity:**

I understand that the information I have supplied is covered by the full provisions of the terms and conditions governing \* relationship with Progressive Building Society setting out how Progressive Building Society may use and share the information I have supplied.

The Building Societies Act permits investment by Corporate Bodies in 'Deposit Accounts' only. All new accounts will be opened as deposit accounts and existing accounts may be re-classified on the same terms and conditions with existing rights unaffected.

**\*Insert organisation/business name**

### Marketing

The Society would like to send you information about products and services which we feel may be of interest to you by post, telephone, email and SMS. This may be through a third party acting on it's behalf. If you agree to being contacted in this way please tick the relevant boxes:

Post  Telephone  Email  SMS

You can withdraw this consent at any time by contacting your branch.

### Use of your information

You will be required to prove your identity as the account signatory or beneficial owner when opening a new account. The Society will undertake a search with a credit reference agency or a data reference agency for this purpose. They will supply us with information, including information from the Electoral Register, for the purpose of verifying your identity. A record of the search will be retained. The search will not be seen or used by lenders to assess your ability to obtain credit. This information may also be used for the prevention of money laundering.

If the Society cannot check your identity from the information you provide then we will require you to provide two items of documentation as proof of your identity. Further information on the agency searches and a list of acceptable documents for identification purposes can be found in the leaflet 'Proving Your Identity' which may be accessed at **theprogressive.com**.

The Society will rely on the following legal basis for processing your personal data . The processing is necessary for:

- the performance of a contract with you or to take steps to enter into a contract;
- compliance with a legal obligation;
- the purposes of legitimate interests pursued by us or a third party.



**FOR BRANCH USE ONLY**Account no.                 Date opened  Cashiers initials 

	Customer no.	ID produced	eID result	Original doc produced
Organisation/Business				
Signatory 1				
Signatory 2				
Signatory 3				
Signatory 4				
Beneficial owner 1				
Beneficial owner 2				
Beneficial owner 3				
Beneficial owner 4				

<b>Limited Companies, LLPs</b>	Please Tick
Certificate of Incorporation	
Verification of identity for all account holders and Beneficial Owners	
Directors' details	
Senior Management details	
Tax residency declaration complete for for all account holders and Beneficial Owners	
Account signatories	
Beneficial owners	
Directors	
Companies House check	

<b>Public Sector Bodies</b>	Please Tick
Confirmed as Public Sector Body	
Verification of identity of signatories	
Tax declaration complete for account signatories	

<b>Charities</b>	Please Tick
Original or certified true copy of the Constitution	
HM Revenue correspondence confirming charity no.	
Verification of identity of signatories	
Tax declaration complete for account signatories	
Legal existence confirmed - Charities Commission website	

<b>Solicitors</b>	Please Tick
Verification of identity of signatories	
Tax declaration complete for account signatories	
Legal existence confirmed - Law Society of NI website	

<b>Churches</b>	Please Tick
Confirmation of existence with appropriate head quarters	
Verification of identity of signatories	
Tax declaration complete for account signatories	

<b>Credit Unions</b>	Please Tick
Letter detailing authorised signatories	
Verification of identity of signatories	
Tax declaration complete for account signatories	
Legal existence confirmed- FCA Register	

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HEAD OFFICE

Progressive House, 33/37 Wellington Place, Belfast BT1 6HH. Tel: (028) 9024 4926 Fax: (028) 9033 0431

Progressive Building Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register Number 161841. All calls may be recorded and/or monitored. The Society is a member of the Building Societies Association. The Society has an internal complaints procedure. Complaints that cannot be resolved may be referred to the Financial Ombudsman Service, Exchange Tower, London E14 9SR (tel: 0800 023 4567 or 0300 123 9123) email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk). The Society is a subscriber to the Financial Services Compensation Scheme. Further details are available on request from the Society or by visiting our website: [theprogressive.com](http://theprogressive.com) or the Financial Services Compensation Scheme website: [fscs.org.uk](http://fscs.org.uk).

Unless otherwise stated, the law of Northern Ireland will apply and all communications and documentation in relation to this contract will be in English. You submit to the non-exclusive jurisdiction of the Northern Irish Courts.

**Branches & Agents across the Province**  
**[theprogressive.com](http://theprogressive.com)**