

# Trustee deposit application form

## Branch based and postal accounts

For use by non-personal customers only

- Before completing this application form, please ensure you have read our General Terms & Conditions and the Special Conditions of your chosen account.
- All sections of the form must be completed using BLOCK CAPITALS and tick boxes where appropriate.
- For accounts with more than two applicants, please contact us for an additional application form.
- Incomplete application forms or lack of supporting documentation may lead to a delay, or prevent us from opening your account. Please note that we may require additional information before we open an account.
- Do not send funds with this application form as we are unable to receive funds until your application has been accepted.

### For bank use only

New business	Transfer	Account number

The Santander Group has more than 150 years' experience in banking, and more branches worldwide than any other international bank.



**Section 1. Personal details of the account holder(s)**

**1st Trustee**

Are you an existing customer of Alliance & Leicester International?  Yes  No

If yes, please enter your existing account number(s) below.

Account number

Account number

Title (e.g. Mr, Mrs, Dr)

Gender  Male  Female

First name(s)

Surname(s)

Maiden name or any other name(s)

Date of birth

Nationality

Dual nationality (if applicable)

Place of birth

Full permanent residential address inc. postcode  
(A PO Box or c/o address is not acceptable as a residential address)  
  
  
  
 Postcode

What date did you move in?

Correspondence address (if different from residential address)  
  
  
  
 Postcode

Country of tax residence

Tax identification number (if available)

Home phone number - including area code (optional)

Mobile phone number (optional)

Email address (optional)

**2nd Trustee**

Are you an existing customer of Alliance & Leicester International?  Yes  No

If yes, please enter your existing account number(s) below.

Account number

Account number

Title (e.g. Mr, Mrs, Dr)

Gender  Male  Female

First name(s)

Surname(s)

Maiden name or any other name(s)

Date of birth

Nationality

Dual nationality (if applicable)

Place of birth

Full permanent residential address inc. postcode  
(A PO Box or c/o address is not acceptable as a residential address)  
  
  
  
 Postcode

What date did you move in?

Correspondence address (if different from residential address)  
  
  
  
 Postcode

Country of tax residence

Tax identification number (if available)

Home phone number - including area code (optional)

Mobile phone number (optional)

Email address (optional)

**Section 2. Personal details of the Principal Beneficiaries**

**1st Beneficiary**

Title (e.g. Mr, Mrs, Dr)

Gender  Male  Female

First name(s)

Surname(s)

Maiden name or any other name(s)

Date of birth

Nationality

Dual nationality (if applicable)

Place of birth

Full permanent residential address inc. postcode  
(A PO Box or c/o address is not acceptable as a residential address)

What date did you move in?

What is your current employment situation?

Employed  Unemployed  Self-employed  
 Retired  Student  Homemaker

**2nd Beneficiary**

Title (e.g. Mr, Mrs, Dr)

Gender  Male  Female

First name(s)

Surname(s)

Maiden name or any other name(s)

Date of birth

Nationality

Dual nationality (if applicable)

Place of birth

Full permanent residential address inc. postcode  
(A PO Box or c/o address is not acceptable as a residential address)

What date did you move in?

What is your current employment situation?

Employed  Unemployed  Self-employed  
 Retired  Student  Homemaker

**Verification of identity documents are required for the principal beneficiaries.** However, we recognise that in some instances it may not be possible to provide these details e.g. where the principal beneficiary is a minor or unaware of the trust at the time of application. If you are unable to provide verification for any or all of the principal beneficiaries, please indicate the reason(s) below.



**Section 5. Account details**

I/We apply to open to open:

Account type:

Opening balance  (Please refer to our interest rate sheet or account literature for details of minimum opening amounts)

The account will be opened by  Cash\*  Cheque  Transfer from existing ALIL account number

Electronic transfer on

I/We confirm that the bank from which we will send our funds to you is: Bank name

Sortcode  -  -  Account number  Account holder

Bank branch (including address)

\*Available for specific accounts only to a maximum of £1,000. Please refer to our General Terms and Conditions and the Special Conditions of your account as to whether cash deposits are permitted.

**Initial deposit details:**

Please indicate the underlying source of the initial deposit and provide details, e.g. if it is from an inheritance, from whom was it inherited? If it is from a property or business sale, which property or business was sold? Evidence of the source of initial deposit may be required as per section 12C of this application form. Should this be required we will contact you directly as part of our account application process.

Inheritance  Total amount  Date received  From whom

Gift  Total amount  Date received  From whom

Property sale  Total sale amount  Date of sale

Address of property

Other  Total amount  Please provide full details

**Section 6. Payment of interest**

If the terms of the account permit and you wish to have the interest paid out automatically, please complete this section. Please note that interest must be paid out to either a bank with a UK sortcode or another Alliance & Leicester International account. Money Market account holders must give details of their nominated account below for final settlement instructions. Instructions to repay funds to any other destination must be given in writing and be received at least one working day prior to the payment date.

Interest  Annually  Monthly

Please credit interest to my new account

Please credit interest to another account in my/our name at Alliance & Leicester International Limited as indicated below

Please remit interest to my/our bank account at another bank in the UK, Channel Islands or Isle of Man as indicated below

I/We wish to credit interest to another account in my/our name at Alliance & Leicester International Limited as follows:

Account number

Account holder name(s)

If interest/final settlement is to be sent to a bank with a UK sortcode, please complete the following details:

Bank name

Sort code  -  -

Bank branch (including address)

Account number

Account holder name(s)

**Section 7. Additional information**

To assist us to meet our regulatory requirements we need to obtain your response to the following questions. Failure to answer may result in the refusal of your application.

**1st Applicant**

a) What will you use the account for? Please note that generic answers such as savings or investments is not acceptable.

b) How often will you use the account?     Weekly     Monthly     Quarterly     Half yearly     Annually

c) Estimated sum of deposits expected each year (excluding initial deposit) in currency of deposit.

Under 10,000     10,001 - 25,000     25,001 - 50,000     50,001 - 100,000     100,001 - 250,000     250,001 or more

d) Estimated number of transactions over a year (excluding interest payments).

1 - 5     6 - 15     16 - 25     26 or more

e) Choice of location - if the trust is not Isle of Man resident, why have you chosen to operate an offshore account?

Since Alliance & Leicester International Limited became part of Santander Group we have been aligning our standards and policies to those of our parent company, and as such require the following details. Once we are in receipt of the information we shall update your personal details on our records. Any information received is treated in confidence under the Terms and Conditions of your account(s) and the information provided in this section will not be used for marketing purposes.

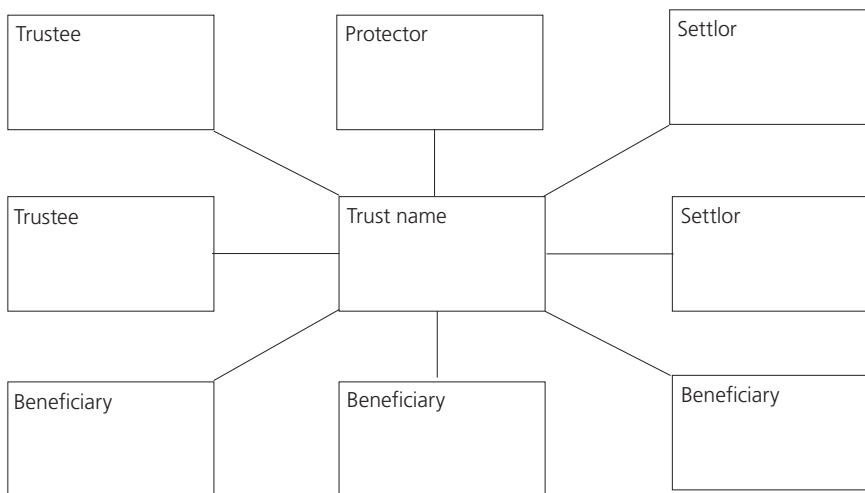
f) With the exception of your country of residence, do you expect to receive or make payments to/from the following destinations? (Please tick as applicable).

- |                                        |                                            |                                     |                                         |                                             |
|----------------------------------------|--------------------------------------------|-------------------------------------|-----------------------------------------|---------------------------------------------|
| 1 <input type="checkbox"/> Isle of Man | 2 <input type="checkbox"/> Channel Islands | 3 <input type="checkbox"/> UK       | 4 <input type="checkbox"/> EU countries | 5 <input type="checkbox"/> North America    |
| 6 <input type="checkbox"/> Australia   | 7 <input type="checkbox"/> Middle East     | 8 <input type="checkbox"/> Far East | 9 <input type="checkbox"/> Africa       | 10 <input type="checkbox"/> Other countries |

g) Please provide us with any additional information regarding possible future transactions as this may prevent the need to contact you for further information.

**Section 8. Structure Chart**

A structure chart depicting the ultimate beneficial owner(s) and the relationship with their representatives must be provided. If a structure chart cannot be attached, please use the space below to outline one. Please add additional boxes if required.



**Section 9. Your information**

**Personal information and data protection**

Information you provide on this application form may be held on computer by Alliance & Leicester International Limited and will be used only for purposes registered under the Data Protection Act, including administration, research, analysis, keeping you informed of related products and services from members of the Santander Group. Please note that no information is passed by us to any third party for marketing purposes. Information about you will be kept after your account is closed. You have the right to see certain records held by us on payment of a fee. If you wish to exercise this right you should write to the Manager, Data Protection, Alliance & Leicester International Limited, PO Box 226, 19/21 Prospect Hill, Douglas, Isle of Man, IM99 1RY, British Isles.

If you would prefer not to be contacted about products and services (other than with statements, transaction advices and account specific correspondence) please opt not to receive this information by ticking this box.  I/We do **not** wish to receive this information.

**Section 10. How did you hear about us?**

It would be very helpful if you could tell us where you found out about us and our products

<input type="checkbox"/> Advertisement (Please specify publication)	<input type="text"/>
<input type="checkbox"/> Best Buy table (Please specify magazine/website)	<input type="text"/>
<input type="checkbox"/> Website or Search Engine (Please specify)	<input type="text"/>
<input type="checkbox"/> Direct Mail (Please specify)	<input type="text"/>
<input type="checkbox"/> Alliance & Leicester International branch	<input type="text"/>
<input type="checkbox"/> Referral by another Santander company (Please specify which company)	<input type="text"/>
<input type="checkbox"/> Recommendation e.g. family/friend/IFA. (If IFA please specify name/company)	<input type="text"/>
<input type="checkbox"/> Other (Please specify)	<input type="text"/>

**Section 11. Sign here – all applicants**

I/We declare that the aforementioned sum is being deposited with Alliance & Leicester International Limited (ALIL) by me/us as Trustee(s) and that I/we certify that the trust is as described in Section 4 'Type and Nature of Trust'.

I/We agree that ALIL is authorised until further notice to accept **ALL** Trustee signatures jointly as a discharge for withdrawals and for any other purpose in connection with this account.

I/We understand that the beneficiaries of the trust must be individuals and not corporate entities in order to meet the Terms & Conditions for this account.

I/We confirm that I/we have received and read the Terms & Conditions applying to this account and agree to be bound by them.

I/We declare that the information given is true and correct and I/we authorise the Bank to obtain independent verification of any information provided.

I/We confirm that I/we will advise Alliance & Leicester International if there are any changes to the parties relating to the trust.

**1st Trustee**

Signature

Date

**2nd Trustee**

Signature

Date

Please note that all correspondence will be addressed to the first-named Trustee only and that payments will only be made to the trustees or stated beneficiaries. No payments to any other beneficiary is allowed unless identification documents have been provided to Alliance & Leicester International.

**Section 11A. Checklist – for named individuals**

Please use this checklist to make sure you are sending the correct documents required to open an account. An incomplete form or lack of supporting documentation may prevent us from opening your account.

- Fully completed application form.** Please ensure that **all** sections are completed to the best of your ability.
- Correctly certified proof of identity for each party.** Please see the 'Documents you will need to provide' guide (Section 12A) included overleaf for details of who is eligible to certify your documents.
- Original or certified copy** of permanent residential address (in English and no more than 6 months old). Please see the 'Documents you will need to provide' guide (Section 12B) for details of what is acceptable as proof of address.
- Original** or clearly legible **photocopy** for each of the sources of initial deposit (no more than 6 months old). This should relate to the information you provided in Section 5.

**Section 11B. Checklist – for Trust documentation**

Please use this checklist to make sure you are sending the correct documents required to open an account. An incomplete form or lack of supporting documentation may prevent us from opening your account.

- Evidence of the appointment of the Trustees.** This should take the form of a copy of the Trust Document showing the required information and nature of duties and beneficiaries.
- Original** or clearly legible **photocopy** of the trust's source of wealth. Please see the 'Documents you will need to provide' for details of what is acceptable as proof of wealth. Source of wealth describes the origins of a trust's financial standing or total net worth i.e. those activities which have generated a trust's funds and property.

Please note that no funds will be accepted until after you have received confirmation from us that the account is open.

## Section 12. Documents you will need to provide

We are required to verify your identity in order to comply with our Group and regulatory requirements. We ask you to provide evidence of the following items (a copy of which will be retained for our records) from Sections A, B & C when opening an account. Occasionally, we may also request documentation from Section D overleaf. Where you are not able to provide the requested information, we may be unable to open your account, however, we may still be able to help. Please call into the branch or contact us on **+44 (0) 1624 641 888** for further advice.

### Section A - Photographic identification

For **EACH APPLICANT**, please provide a clearly legible certified photocopy of the relevant pages of your current valid passport. If you do not have a passport, please contact us. We reserve the right to seek additional proof of identity documents at any time.

#### Certification of the copied documents

Documents need to be certified by a professional person who is independent of the individual for whom the account is being opened i.e. cannot be a family member or associated in any way with the account. Acceptable certifiers are:

- Qualified lawyer
- Qualified accountant
- Bank manager
- Serving police officer
- Government official
- Consular official of an Embassy, High Commission or Consulate of the country of issue of the document.

The copy must clearly show the numbered items below.



1. Name of applicant
2. Clearly legible photograph of the applicant
3. Date and place of birth clearly shown
4. Passport must be valid (not out of date)
5. Passport holder's signature
6. Nationality of the passport holder.

### Section B - Residential address confirmation

Please provide an original or certified copy of one on the following documents which is **not more than 6 months old**. The document must show your permanent residential address and preferably your full name. If it is a certified copy, it must be certified by one of the professional persons named in Section A.

For security reasons, we recommend that you send certified copies of these documents instead of the originals as we cannot guarantee their safe receipt or return. We reserve the right to request further verification documents at any time.

**Please note: documents addressed to PO Box numbers are not normally acceptable. By exception, where PO Box facilities are used for the reasons of safety/security, or where there is no local residential postal delivery system, where documents in this section quote a PO Box number, they may be acceptable. Please contact us if you are unsure.**

Acceptable documents are:

- Bank statement (not issued by Alliance & Leicester International)\*
- Building Society statement\*
- Utility bill for fixed services (documents issued in a language other than English must be supported by a full English translation and also be certified)\*
- Local rates assessment or local taxes bill
- Personal tax assessment
- Insurance company document which quotes the policy number and is not a motor insurance policy.

\* We are not able to accept documents printed from a website.

### Section C - Income verification

Please provide an original or certified copy of one on the following documents which shows details of your primary income(s). These must be **no more than 6 months old**.

Acceptable documents are:

- Audited accounts\*
- Wage slip or other wage notification
- Correspondence with a central or local tax office confirming income\*
- Bank or investment statement confirming level of savings or investments where income is earned\*.

\* We are not able to accept documents printed from a website.

## Section 12. Documents you will need to provide – continued

### Section D - Wealth verification (when requested by us)

Source of wealth describes the origins of a customer's financial standing or total net worth i.e. those activities which have generated a customer's funds and property.

Examples of source of wealth documents may include a Solicitor's Letter; evidence of long-term savings or contract notes from the sale of investments. We will contact you directly if we require evidence of your source of wealth prior to the account being opened.

We reserve the right to request documentary evidence at any future time during the lifetime of the account. Please contact us if you would like confirmation on the likelihood of our request for such evidence.

If you do not provide the relevant information, there may be a delay in opening your account.

### Section E - Certifier's details (mandatory)

Full name

Gender  Male  Female

Profession

Title or position

Professional body & qualifications (where applicable)


Email address

Name & address of certifier's employer


Postcode

Fax number

Employer's telephone number

Website address

### Section F - Certifier's guide

The certified copy must clearly show the numbered items below.



1. Name of applicant
2. Clearly legible photograph of the applicant
3. Date and place of birth clearly shown
4. Passport must be valid (not out of date)
5. Passport holder's signature
6. Nationality of the passport holder.

The certified wording used must state that:

1. The document is a true copy of the original and;
2. The photograph is a true likeness of the individual concerned.

Below is an example of the required certification wording showing the certifier's signature and stamp:

04 January 2012

I certify that this is a true copy of the original and that the photograph is a true likeness of the individual concerned.

Signed

*Elisabeth V. Perroni*

ELISABETH V. PERRONI  
THE CITY BANK  
PERTH  
WESTERN AUSTRALIA

ELISABETH V.PERRONI  
Managing Director  
The City Bank, 299 Central Boulevard, Perth,  
Western Australia 6000  
Tel 00 91 5 963901.

The certified photocopy of the address verification should include:

- Name and address of the applicant
- Date of the document, which must **not be more than 6 months old**.

Documents issued in a language other than English must be supported by a full English translation and also be certified.

Call +44 (0) 1624 641888 or click [alil.co.im](http://alil.co.im)

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