



BANKING

# Corporate Account Application Form

To help us process your application as quickly as possible, it is important that this form is completed accurately.

- SECTION1: Due Diligence Requirements
- SECTION2: Your Business Details
- SECTION3: Ownership Structure
- SECTION4: Politically Exposed Person (PEP) Declaration
- SECTION5: Declaration and Signature

## Section.1 Due Diligence Requirements

We are legally required to identify and, where required, verify the identity of our customers (both the business entity and the individuals behind the entity including beneficial owners above a certain threshold and related parties). In order to comply with these obligations, before your account is opened, we may seek documentation or information from you or an independent source to confirm the identity of the entity and/or the individual(s). **In addition, the Directors and UBOs (Ultimate Beneficial Owner) over a certain threshold may be required to do a liveness test for verification.**

1. Original / certified copy of Certificate of Incorporation (and Certificate of Incorporation on change of name – if applicable)
2. Memorandum / Articles of Association (or equivalent)
3. A Director and Shareholding structure identifying the individuals who have ultimate control over the business. Even if the business is owned by several other legal entities, we will need to (unless in extenuating circumstances) go through this to reach the top.
  - If the Business is using Nominee services, we will need extra documents for the UBO in addition to the supporting documents for the Nominee.
4. Existing Business bank statements if a bank account exists. If one cannot be provided, please provide a reason when you submit your documents.

## Director & Shareholder / UBO Documentation Requirements

Proof of ID	Proof of Address
Valid passport	Valid photo card License (if not used for identity evidence)
Valid photo card	Bank/Building Society statement dated within the last three months
	Utility bill in your name (not mobile) dated within the last three months

# Certification of Personal Documents

For certifications to be effective the certifier must be subject to professional rules of conduct. The certifier must be a person of reputable standing who is independent of the applicant and who has no family connection with applicant wishing to open the account.

A suitable certifier must clearly certify that:

- they have seen the original documentation which verifies identity and/or residential address;
- the copy of the document (which they certify) is a complete and accurate copy of that original; and
- the photograph on the identity documentation bears a true likeness to the individual requesting certification

Printed name of certifier .....

Signature of certifier .....

Address of certifier .....

.....

Qualification/professional body of certifier: ..... Date .....

The following is a list of examples of suitable certifiers:

- a member of the judiciary, senior civil servant, serving police or customs officer
- an officer of the embassy, consulate or high commission of the county or territory of issue of documentary evidence of identity
- a lawyer in practice or notary public
- an actuary or accountant who is a member of a recognised professional body
- a member of the Institute of Chartered Secretaries and Administrators or equivalent
- a director or officer of a regulated financial services business or a regulated financial services business itself

As noted above, however, the certifier must be subject to professional rules of conduct. Interpolitan Money reserves the right to request alternative or additional evidence of identity.

Please speak to us if for any reason you consider that it is unlikely you will be able to obtain a certification from any of the categories above.

Lansdowne House, 57 Berkeley Square, Mayfair, London, W1J 6ER | +44 (0) 20 8187 5001 | [info@interpolitanmoney.com](mailto:info@interpolitanmoney.com)

Registered office address: 66 Prescott Street, London, E1 8NN. A company incorporated under the laws of England and Wales, Registration Number 07666629. Interpolitan Money Plc is authorised and regulated by the Financial Conduct Authority to issue electronic money under the Electronic Money Regulations 2011. Firm Reference Number 900413.

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# Section.2 Your Business Details

Business Name: Company / Limited Liability Partnership

Company Registration Number

Incorporation Date

Trading Name *(if different from above)*

Country of Incorporation

Registered Office address

Correspondence address (if different from above)

Main Contact Name

Email address

Telephone No.

How did you hear about us / who referred you to us

Company Type *(LTD / Sole Trader / LLP / PLC / Trust / Foundation / Association etc)*

Please state the exchange if you are publicly listed

The industry you trade in

Website

Purpose of account opening and how the account will be used

Geographical scope of the Business

The Currencies you require

Number of Employees

Is your company a Financial Services Institution?

Financial services registration number *(if applicable)*

Is your organisation an Exempt Beneficial Owner? *(Example: A Government Entity, a Central Bank, a Pension Trust, an international organisation such as World Bank or IMF etc)*

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## Section.2 Your Business Details

Please provide as much relevant information required to substantiate the businesses wealth.

Failure to answer this section fully may result in a delay or prevent the opening of your accounts.

- Approximate net value: GBP £
- Source of Company Capital:
- Anticipated annual turnover for the next 12 months overall: GBP £
- Anticipated annual turnover for the next 12 months through Interpolitan Money: GBP £
- Total number of inbound payments every month:
- Total number of outbound payments every month:
- Total value of currency exchanges every month: GBP £
- Please provide an overview of the main inbound partners the account will be receiving money from:
- Please provide an overview of the main beneficiaries that payments will be sent to:
- Net liabilities of the company:

# Section.3 Ownership Structure

THESE ARE THE NAME(S) OF THE DIRECTOR(S) / MEMBERS / BENEFICIAL OWNER / GUARANTOR AND AUTHORISED SIGNATORIES WHERE APPROPRIATE WHO MAY CARRY OUT TRANSACTIONS AND GIVE INSTRUCTIONS ON THE ACCOUNT.

Full name (including middle names) <i>(block capitals)</i>		Title	Residential Address    Postcode		Director / Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tel/mobile number  
Occupation	Date of Birth / /	Male <input type="checkbox"/> Female <input type="checkbox"/>			Are you a Beneficial owner/ Guarantor <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state percentage: %	Only sign if you're an Authorised Signatory Authorised Signatory? <i>(Please tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specimen signature
Resident <input type="checkbox"/> Non Res <input type="checkbox"/>	Country of Origin	Nationality	Time at Address?* Years Months	Country of Residence		

Full name (including middle names) <i>(block capitals)</i>		Title	Residential Address    Postcode		Director / Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tel/mobile number  
Occupation	Date of Birth / /	Male <input type="checkbox"/> Female <input type="checkbox"/>			Are you a Beneficial owner/ Guarantor <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state percentage: %	Only sign if you're an Authorised Signatory Authorised Signatory? <i>(Please tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specimen signature
Resident <input type="checkbox"/> Non Res <input type="checkbox"/>	Country of Origin	Nationality	Time at Address?* Years Months	Country of Residence		

Full name (including middle names) <i>(block capitals)</i>		Title	Residential Address    Postcode		Director / Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tel/mobile number  
Occupation	Date of Birth / /	Male <input type="checkbox"/> Female <input type="checkbox"/>			Are you a Beneficial owner/ Guarantor <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state percentage: %	Only sign if you're an Authorised Signatory Authorised Signatory? <i>(Please tick)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specimen signature
Resident <input type="checkbox"/> Non Res <input type="checkbox"/>	Country of Origin	Nationality	Time at Address?* Years Months	Country of Residence		

# Section.4 Declaration & Signature

In accordance with the UK Money Laundering Regulations (as may be amended from time-to-time), we are legally required to verify your identity. If you cannot satisfactorily prove your identity, you may not be able to open an account with us.

As part of the verification process, we may ask you to provide us with documentary proof of your name and address. We may, at our discretion, conduct an identity check with regard to you or any officer of the Business with an independent agency at any time before opening an account for the Business. Any information provided to us or generated as a result of this process will be retained after you close the Business client account as may be required by the relevant law.

By signing and submitting this form, you, acting for and on behalf of the Company, or the representative of an unincorporated business, consent to the above and confirm that the information you provide in this form is accurate and has been completed to the best of your knowledge.

To confirm that you have the authority to act for and on behalf of, and to bind, the Business in all matters and dealing with us, and so that we are entitled to rely and act upon this confirmation, you are to provide a Board Resolution to confirm such authority.

A template Board Resolution can be provided on request.

These instructions will remain valid and we will be entitled to place reliance upon them unless and until you notify us otherwise in writing.

By signing this application, you are agreeing that we may share your information with relevant affiliates for the purpose of assessing you in the provision of services contemplated by this form. The following Terms & Conditions have been read, understood and agreed:

[www.interpolitanmoney.com/terms-and-conditions](http://www.interpolitanmoney.com/terms-and-conditions)

I have provided a Board Resolution to confirm authority to sign

My signature will remain valid until revoked by my written notice to Interpolitan Money  
I agree to be bound by the provisions of this form and the above Terms & Conditions  
I will inform you immediately in writing of any changes to the details provided in this form

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Director 1	
Name	Position
Signature	Date (DD / MM / YYYY)
Director 2	
Name	Position
Signature	Date (DD / MM / YYYY)



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