

EDUCATIONAL/UNIVERSITY PUBLIC SECTOR BODY COUNTERPARTY ONBOARDING APPLICATION FORM

Please complete this interactive form and return the PDF via email to: treasury_ops@ybs.co.uk

Forms that are incomplete or incorrect may have to be returned which will delay the processing of your application. If you have any questions about your application, please email treasury_ops@ybs.co.uk

1. About your organisation	
Full name of organisation	
Registered business address	
Switchboard number	
Web address	
Do you deal with money market brokers?	

2. Delegated authorities' personal details

Those people with delegated authority to open the account on behalf of the organisation.

Please ensure these names correspond with either the Board extract or the authorised signatory list we've asked for in Section 6 providing evidence that those signing the application form have the appropriate delegated powers to act on behalf of the organisation.

Details of delegated authority 1	Details of delegated authority 2
Title	Title
Surname	Surname
First name & initials	First name & initials
Position in organisation	Position in organisation
Email address	Email address
Telephone no	Telephone no
Nationality	Nationality
Date of birth e.g. dd/mm/yy	Date of birth e.g. dd/mm/yy
Home address	Home address
Length of time at this address (YY/MM)	Length of time at this address (YY/MM)
Previous address (If at your present address for less than 3 years)	Previous address (If at your present address for less than 3 years)
Three years' address history is required. If nece: provide further information on an additional sh	

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3. Authorised dealers

This section is for nominating individuals to give instructions to make Treasury deposits. If there are more than four authorised dealers, please provide a copy of your signed dealer mandate.

Authorised dealer 1 (Main contact)		Authorised dealer 2		
Title		Title		
Surname		Surname		
First name & initials		First name & initials		
Position in organisation		Position in organisation		
Email address		Email address		
Telephone no		Telephone no		
Nationality		Nationality		
Date of birth e.g. dd/mm/yy		Date of birth e.g. dd/mm/yy		
Authorised dealer 3		Authorised dea	aler 4	
Title		Title		
Surname		Surname		
First name & organisation		First name & organisation		
Position in organisation		Position in organisation		
Email address		Email address		
Telephone no		Telephone no		
Nationality		Nationality		
Date of birth e.g. dd/mm/yy		Date of birth e.g. dd/mm/yy		
4. Transaction details				
Approximate value you'd like to trade	£			
The Society will confirm all trades with y	you via email			
Confirmation email address				
	Where possible plea	se don't provide	an individual's email address	
Contact telephone number				

5. Standard settlement instructions					
Funds can only be paid into an account held in the same name as the deposit holder. Under no circumstances can funds be paid to or for the account of a third party.					
Name of bank and b	ranch				
Control					
Sort code					
Account number					
IBAN (International bank account number)					
Account name					
6. List of docume	nts you need to pro	ovide with your application			
Document required	Provided Y/N	Additional comments			
Management structure					
Please ensure this includes listed delegated authorities					
Additional dealer mandate (if applicable)					
Board extract					
Stating delegated authority to open accounts					
Authorised signatory list					
Evidencing that those signing the application form have the appropriate delegated powers to act on behalf of the organisation					
Annual statements of accounts					
(Latest audited version) AML policy					
7. UK Money Mar	ket Code				
Please tick to acknow		to adhere to the principles of the Bank of England's d.co.uk			

8. FSCS						
Please tick to acknowledge that you have read the <u>YBS FSCS Letter</u> .						
9. Declaration						
This section should be signed by	This section should be signed by each of the Senior Officers set out in Section 2.					
By signing below I confirm that I	understand and accept the Terms & Conditions and that all informations	ation supplied is correct.				
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 the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I may be tax resident pursuant in intergovernmental agreements to exchange financial account information with the country/ies in which this account(s) is/are maintained.						
Please tick to acknowledge that	you have read and accept the Society's personal data policy					
Delegated authority 1						
Print name	Signature	Date (e.g. dd/mm/yy)				
Delegated authority 2						
Print name	Signature	Date (e.g. dd/mm/yy)				



YBS.CO.UK

Head Office:

Yorkshire House, Yorkshire Drive, Bradford BD5 8LJ. Dx No. 11798 Bradford. All communications with us may be monitored/recorded to improve the quality of our service and for your protection and security.

Calls to 03 numbers are charged at the same standard network rate as 01 or 02 landline numbers, even when calling from a mobile. Calls to 0800 numbers are free of charge from a landline or mobile.

Yorkshire Building Society is a member of the Building Societies Association and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Yorkshire Building Society is entered in the Financial Services Register and its registration number is 106085.

Our printed material is available in alternative formats e.g. large print, Braille or audio. Please call us on

0345 1200 872.