

FCA REGULATED 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.

| 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 necessary, plea provide further information on an additional sheet. | Three years' address history is required. If necessary, please provide further information on an additional sheet. | | | | |

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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 br | ranch | | | | |
| Sort code | | | | | |
| Account number | | | | | |
| IBAN (International b | ank 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) | | | | | |
| Ownership structure | | | | | |
| Only applicable for PLC (Inc any shareholders with greater than or equal to 25% of shares) | | | | | |
| AML policy | | | | | |
| 7. UK Money Market Code | | | | | |
| Please tick to acknowledge that you agree to adhere to the principles of the Bank of England's UK Money Market Code www.bankofengland.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 | y 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.