

Section 3 Type of Business

What is the legal status of your business?

Mutual Association or Unincorporated Association	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Limited Company (LTD)	<input type="checkbox"/>	Public Limited Company (PLC)	<input type="checkbox"/>
Limited Liability Partnership (LLP)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

What is the nature of your business?

Agriculture, forestry and fishing	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Computers and telecommunications	<input type="checkbox"/>	Construction	<input type="checkbox"/>
Banking	<input type="checkbox"/>	Logistics	<input type="checkbox"/>	Financial Services	<input type="checkbox"/>	Food drink and tobacco	<input type="checkbox"/>
Metal manufacturing	<input type="checkbox"/>	Mining and quarrying	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Scientific	<input type="checkbox"/>
Public services	<input type="checkbox"/>	Social services	<input type="checkbox"/>	Vehicle manufacturing	<input type="checkbox"/>	Real Estate and Property Development	<input type="checkbox"/>
Transport and communication	<input type="checkbox"/>	National or local government	<input type="checkbox"/>	Pension services	<input type="checkbox"/>	Fund / Fund manager	<input type="checkbox"/>
Charity	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>				

Company registration number (if applicable)	FCA registration number (if applicable) (6 digits, no letters)	Charity number (if applicable) (6 or 7 digits beginning with 1)	HMRC number (if applicable)

Names of Associate Businesses in UK / International (if any)

1.
2.
3.

Financial Details

Date Company Incorporated	
Date of Financial Year End	
What is your annual turnover? Annual turnover is the total amount of money you will receive from sales. If the company is a parent, state the aggregate annual turnover of the parent and any subsidiaries.	
What is your annual balance sheet total? This is the total net value of the company i.e. total value of assets minus the total liabilities. If the company is a parent, state the aggregate annual balance sheet total of the parent and any subsidiaries.	
How many Directors/Partners/Owners are there?	

How many employees does the business have?	
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Section 4 Type of Account to be opened

You may open accounts of different types and currencies at any time.
 Please tick the appropriate box below for the account you wish to open:

Flexible Account <input type="checkbox"/>				
Currency	GBP	USD	EUR	RMB
Internet banking services required	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Statement Frequency	Monthly	Quarterly	Semi-annual	Annual
Time Deposit Account <input type="checkbox"/>				
Please complete if you wish to open a Time Deposit Account				
Once the Time Deposit Account is opened, the Deposit Instructions will be requested:				
Please tick the appropriate box (s), you may select more than one option				
Over the counter <input type="checkbox"/> Original written instructions <input type="checkbox"/> Post <input type="checkbox"/>				

Section 5 Account Usage

Purpose of Account Opening	Source of Funds
What is the account going to be used for? Business Transactions <input type="checkbox"/> Savings <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	Please note: We reserve the right to request additional information relating to the initial deposit as well as subsequent transactions. Where will funds originate from? Please specify below:

Transaction Types	Anticipated No. of Transaction per month			Anticipated Total Amount (GBP) per month		
	<input type="checkbox"/> 0-10	<input type="checkbox"/> 11-50	<input type="checkbox"/> >50	<input type="checkbox"/> <500,000	<input type="checkbox"/> 500,000=<1,000,000	<input type="checkbox"/> >=1,000,000
Deposits	<input type="checkbox"/> 0-10	<input type="checkbox"/> 11-50	<input type="checkbox"/> >50	<input type="checkbox"/> <500,000	<input type="checkbox"/> 500,000=<1,000,000	<input type="checkbox"/> >=1,000,000
Withdrawals (cash/transfers)	<input type="checkbox"/> 0-10	<input type="checkbox"/> 11-50	<input type="checkbox"/> >50	<input type="checkbox"/> <500,000	<input type="checkbox"/> 500,000=<1,000,000	<input type="checkbox"/> >=1,000,000

Section 7 Account signatories

Please tell us who you would like to operate your account(s) by completing the Signature Card provided with this application form.

Section 8 Data Protection and Terms & Conditions

The Bank will only use personal information in accordance with the applicable Data Protection Laws. The Bank is entitled to hold and keep a record on computer based or structured paper file of any information obtained from or about the Account Holder in connection with the Application and in connection with the operation of the Account. Such information may be retained after the Account Holder has closed all its Accounts and for customer identification purposes in accordance with the record keeping policy of the Bank.

The Account Holder has a right to request a copy of the personal data about them held by the Bank. Such personal data may be obtained by writing to the Bank, and, in accordance with the applicable Data Protection Laws, paying the applicable fee, if any, and providing further information as requested by the Bank. If you would like to withdraw this consent at any time, you should contact our Compliance Officer.

Section 9 The Financial Services Compensation Scheme (FSCS) – is your business eligible?

We are covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors of eligible deposits if a bank is unable to meet its financial obligations. It is a regulatory requirement that all banks have to maintain records to help determine the eligibility of their customers.

To help us determine the eligibility status of your business under these regulations, please consider Rule 2.2 and the Exclusions List at Annex 3 of the Depositor Protection chapter of the PRA Rulebook (<http://www.prarulebook.co.uk/>). The Exclusions List is set out below:

A deposit is excluded from protection if it is a deposit made by a depositor which is one of the following:

- credit institution
- financial institution
- investment firm
- insurance undertaking
- reinsurance undertaking
- collective investment undertaking
- pension or retirement fund (other than deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium-sized enterprises)
- public authority, other than a small local authority.

For further information about these exclusions, refer to the FSCS website at www.FSCS.org.uk

If you consider that your business' deposit will not be eligible for FSCS protection under the Depositor Protection rules please tick this box and explain the reasons why below

We may also need to contact you from time to time to make sure that this information is up to date.

Section 10 Declaration

Please complete the section (s) appropriate to your organisation. Any sections not relevant to your organisation may be left blank or a line put through it.

Part A mandatory section to be completed in ALL cases

I/We request the Bank to open an account as specified in section 4. I/We confirm that the information given is correct to the best of my/our knowledge and belief. I/We agree to provide any documents required by the Bank according to the type of account (s) requested and abide by the Terms and Conditions governing the conduct of such (accounts) which have been provided separately and may be subject to change.

I/We agree that you may use your parent bank, ICBC Group, and/or other third parties to process my/our information and provide services on your behalf. I/We understand my/our information will be protected in accordance with the data protection legislation, by strict code of secrecy and security which you and ICBC Group, their staff and any third parties are subject to and will only be used in accordance with your instructions.

Signature (s)		
Date		

Part B to be completed when applying for a PARTNERSHIP ACCOUNT

Partnership

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hereby request and authorise you until we or any of us shall give you notice to the contrary in writing to treat and consider (insert "either or any of us", "any two of us" or "all of us" as desired) _____ as fully empowered to act on behalf of our said partnership in all transactions with your Bank and in particular:

1. to make, draw, accept and endorse cheques, order for payment, bills of exchange and promissory notes on behalf of our said partnership including cheques or orders in favour of any or either of us;
2. to sign orders of the withdrawal of all securities or other items lodged with you or monies held on deposit or other account with you in the partnership name; and
3. to instruct you with regard to any accounts or banking transactions of the partnership.

Name of Partner	Signature (in personal capacity)	Address

Part C to be completed when applying for UNINCORPORATED ASSOCIATIONS

Certified that I, the undersigned, am the authorised representative of the unincorporated association as stated in section 2 and in case of any change in the constitution of the firm, I undertake to notify the Bank immediately

Signature	
Date	

Part D to be completed when applying for a COMPANY ACCOUNT (Board Resolution for Company accounts)

We hereby certify that the following Resolution of the Board of Directors of _____ Limited/Plc (please delete as appropriate) was passed at a meeting of the Board on the _____ day of _____ 20____ has been duly recorded in the Minute Book of the said Company:
The Directors who attended the meeting namely; _____

RESOLVED that a Banking Account for _____ with Industrial and Commercial Bank of China Limited, UK Branch (the Bank) and that the Bank be and is hereby empowered to honour cheques, bills of exchange and promissory notes, drawn, signed or made on behalf of the Company by (insert any two of the Directors and countersigned by the Secretary or otherwise as required)

and to act on any instructions given by the persons so authorised with regard to any account in the name of the Company and any transactions of the Company;

That the Company undertakes to advise the Bank in writing of any changes (in the Directors, Secretary and registered Office address of the Company) that may take place and the Bank shall be entitled to act upon the information so given.

That these Resolutions be communicated to the Bank and shall constitute the Company's Mandate to the Bank to remain in force until revoked by notice in writing to the Bank signed by the Chairman or any Director or the Secretary acting or purporting to act on behalf of the Company and for this purpose any instruction varying or purporting to vary the Mandate contained in these Resolutions shall be deemed a revocation.

Signature of Director/Chairman Date	Signature of Secretary Date