

# Public Authority Jersey Information Form

### Your guide to completing this form:

Please complete this form in BLOCK CAPITALS and black ink. Please complete all fields in all sections and sign section 4.

If you have any queries, please call our dedicated helpline on the number in the covering letter between 9am and 5pm Monday to Friday (UK time) and we will be happy to help. Alternatively, please e-mail customersupportNPCDD@rbsint.com

### What to do if you no longer need your account(s)

- If you are choosing to close your account(s) there is no need for you to complete this form in full, you only need to complete and return Section 6: Account Closure Form.
- Your account(s) cannot be closed over the phone or online.

### Further correspondence:

We may need to write to you again if any of the information we have requested is missing or unclear or if any further questions arise from the information you provide.

## **Public Authority Jersey Information Form**

Should you require additional copies of any pages in this form then please go to rbsinternational.com/IF where you will find all relevant documentation that can be downloaded and printed as required.

Section 1. Customer In	nfor	ma	tio	n																																			
Full name											_		_																										
Principal correspondence address						I			I				Ι															I						I				Ι	
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Position held					I	I	I	I	I			I	I	I														I										I	
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Business e-mail address						I							Ι															Ι					Ι					I	
Section 3. Relationship Please respond as fully as p Business activity Please provide a detailed d	poss	ible	in e	each	h of								out	oilc (	au!	tho	prity	y ai	nd	wł	nat	pro	odu	ıcts	s ar	nd s	;erv	/ice	es a	re (	offe	ere	d by	y th	ne t	ous —	ine	ess	

Geographical reach
Please identify the country which is the principal place of business and state all other countries from which income or turnover is derived or investment conducted. This includes countries where goods or services are bought/sold and where the activity is marketed.
Purpose of the account(s)
Please provide details in this section for each account held.
Please advise what the account(s) are used for. For example, a combination of the following: payments of professional fees, expenses, receipts.
Source of funds
Please provide details of the source of ongoing funds into the account(s) and advise on how these funds were generated together with details of
which countries the funds were remitted from.
Account activity
Please specify for each account the expected turnover to pass through the account in the next 12 months. Please also identify how many
transactions are expected in the next 12 months, for example, 3 receipts per month of approx. £2k each for payment of professional fees.
If the public authority is not located in the jurisdiction where the account is domiciled, please provide an explanation for the account.

### **Section 4. Authorisation And Undertakings**

**Please note** – This section must be signed by the Authorised Signatories identified in the Signing Rules in the Bank Mandate with the highest level of signing authority. These Authorised Signatories must have authority from the Customer to sign for unlimited amounts.

The Account Terms are available online to read and print. These are important. Please read them.

For Corporate and Markets please go to  ${f rbsinternational.com/terms}$  and enter  ${f RBSICAT}$  to access:

For Personal and Business Banking please go to rbsinternational.com/downloads/nw/Personal-Banking-Non-Personal-Terms.pdf

Alternatively, please ask your usual contact at the Bank for a copy of the Account Terms. By signing below:

- you agree to the Account Terms.
- you confirm the information provided in this form is correct and agree to notify us of any changes.
- you will notify any parties named in this form that the information will be used by us for the purpose of continuing a banking relationship.

Authorised Signatory																		
Name (in full)																		
Position held																		
Date	DI	DN	1M	Υ	ΥY	Υ												
Authorised Signatory																		
Name (in full)																		
Position held																		
Date	DI	D N	1 M	ΥΙ	ΥY	Υ												

### **Section 5: Keeping You Informed**

We would like to keep you informed by letter, phone and electronic means (including e-mail and mobile messaging) about products, services and additional benefits that we believe may be of interest to you.

If this service is not required, please place a cross in this box  $\,$ 

### IMPORTANT NOTE: YOU ONLY NEED TO COMPLETE THIS SECTION IF YOU WISH TO CLOSE ANY OF YOUR ACCOUNTS. IF YOU WISH TO MAINTAIN YOUR ACCOUNTS PLEASE DO NOT COMPLETE THIS PART OF THE CIP Please close the following account(s) 1. Account details Account name Account holding branch Account(s) to be closed: Account number Sort code Type of account Account number Sort code Type of account Sort code Account number Type of account Sort code Account number Type of account Credit/currency charge card number(s) Care: If you are unable to list all of your accounts then please provide an additional copy of this form. 2. Settlement instructions – standard payment charges may be applied for certain payment types 2.1 Transfer to another Bank/Building Society/International Payment Beneficiary name Account number /IBAN SWIFT/BIC Sort code **Additional Routing Details** Currency to be sent\* Bank/Building Society name Bank address

2.2 OR Donate to a charity of the Bank's choice: Local charity of the Bank's choice

**Section 6: Account Closure Form** 

<sup>\*</sup> IMPORTANT: The Bank will automatically send all payments to the beneficiary in the local currency of the destination country, in which the Bank ordinarily deals as published from time to time, **UNLESS expressly instructed by you in the space provided.** 

3. Payment charges					
I/We will pay all charges from the amount be	ing sent	X.			
Beneficiary to pay all charges		X			
Please refer to our website for further details i	relating to payment c	harges.			
4. Contact details					
We may need to contact you to verify your ins	struction, therefore p	olease provide cont	act details below.		
Telephone number					
Email address					
5. Confirmation – To be signed in accordan	ace with the Bank Ac	count Mandate/Si	anina Instructions		
Customer signature(s)	ice with the Bank / te	obune Manage, oi,	griirig iristi detions	•	
		Date (D	D/MM/YYYY)		
		Date (D	D/MM/YYYY)		

The Royal Bank of Scotland International Limited (RBS International). Registered Office: Royal Bank House, 71 Bath Street, St. Helier, Jersey, JE4 8PJ. Tel. 01534 285200. Regulated by the Jersey Financial Services Commission.

Guernsey business address: Royal Bank Place, 1 Glategny Esplanade, St. Peter Port, Guernsey, GY1 4BQ. Tel. 01481 710051. Regulated by the Guernsey Financial Services Commission and licensed under the Banking Supervision (Bailiwick of Guernsey) Law, 1994, as amended, the Insurance Managers and Insurance Intermediaries (Bailiwick of Guernsey) Law, 2002 and the Protection of Investors (Bailiwick of Guernsey) Law, 1987, as amended.

Isle of Man business address: 2 Athol Street, Douglas, Isle of Man, IM99 1AN. Tel. 01624 646464. Licensed by the Isle of Man Financial Services Authority in respect of Deposit Taking, Investment Business and registered as a General Insurance Intermediary.

Our services are not offered to any person in any jurisdiction where their advertisement, offer or sale is restricted or prohibited by law or regulation or where we are not appropriately licensed.

RBS International is a participant in the Jersey Banking Depositor Compensation Scheme. The Scheme offers protection for eligible deposits of up to  $\pounds50,000$ . The maximum total amount of compensation is capped at  $\pounds100,000,000$  in any 5 year period. Full details of the Scheme and banking groups covered are available on the States of Jersey website www.gov.je/dcs or on request.

RBS International is a participant in the Guernsey Banking Deposit Compensation Scheme. The scheme offers protection for 'qualifying deposits' up to £50,000, subject to certain limitations. The maximum total amount of compensation is capped at £100,000,000 in any 5 year period. Details are available from: Website: www.dcs.gg. Telephone: +44 (0)1481 722756 Post: P.O. Box 380, St Peter Port, GY1 3FY. Deposits made in a Guernsey Branch will not be covered by any equivalent scheme in any jurisdiction outside of the Bailiwick of Guernsey.

RBS International is a member of the Isle of Man Depositors' Compensation Scheme as set out in the Depositors' Compensation Scheme Regulations 2010. To understand your eligibility under the scheme you may wish to visit https://www.iomfsa.im/consumer-material/isle-of-man-depositors-compensation-scheme-dcs/

Under the scheme(s) customers are entitled to make only one claim per licensed entity regardless of the number of brands or trading names contained within that licensed entity and customers are entitled to make one claim only per licensed entity in the jurisdiction where the deposits are held.

Not all accounts will be covered by these schemes, further details of these schemes are available on request.

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RBS International places funds with other parts of its Group and thus its financial standing is linked to the Group. Depositors may wish to form their own view on the financial standing of RBS International and the Group based on publicly available information. The latest report and accounts are available at www.rbsinternational.com/financial-results

As at 31 December 2016, RBS International's paid-up capital and reserves exceeded £2,032 million. UK resident depositors may be subject to declaration and taxation of resulting income.