Triodos Bank.

About Your Organisation

Please read and complete all of the following sections and upload the form(s) via Internet Banking. You can do this by logging into Internet Banking, selecting 'Outstanding actions', 'Provide information' and 'Upload documents'. Signatures can be signed electronically or printed and uploaded as a scanned document.

If you have any questions, please call us on 0330 355 0355 or email CDD@triodos.co.uk.

Section 1 - Tax Information

Please contact your tax advisor or domestic tax	authority if you have questions about your tax
residency status.	

Entity type

Organisation registration number

Is your organisation taxable in the UK? Yes No

Is your organisation taxable in any other country other than the UK or US? Yes No If yes, please indicate where you are a Tax resident and provide your organisations TIN (Tax Identification Number)

Country

TIN

Is your organisation established or organised in the US? Yes No

Is your organisation incorporated in the US? Yes No
Is your organisation a financial institution? Yes No

Section 2 – Key Persons

Important information

We may need to verify the identity of the key persons provided. To help us verify identity and address we may make an electronic search, using the information supplied on this form. If we are unable to verify any of the Key Persons electronically, we will contact you separately.

We won't share your information with anyone else without informing you and will only share your data with other organisations required to complete processing necessary to provide our products and services. For information about how Triodos Bank use and share your personal information please see our Privacy Statement at www.triodos.co.uk/privacy-statement. By completing this form you acknowledge and understand that the personal data provided will be processed and stored for future reference in accordance with this Privacy Statement.

If we are unable to verify any of the Key Persons electronically, we will contact you separately.

Beneficial owners

Please provide details of any individual that directly or indirectly owns or controls more than 25% of the organisation.

If you are a **Trust** please provide the details of:

- · the settlor
- · the trustees
- · the beneficiaries
- · any individual who has control over the trust

If the Trust operates for the benefit of a class of persons, do not include that class in this section.

If you are not a Trust, but are a Charity, your charity trustees may not meet the definition of a Beneficial Owner but may instead meet the definition of an Associated Party (see below).

Associated Parties

Associated parties are the people and/or organisations who control or significantly influence the business/organisation. Your organisation type will affect who you should list. For example:

- Body Corporates, including Limited Companies/ Unlimited Companies/ Limited Liability Partnerships

 please include the director(s), secretary, chief executive officer, members of the committee of
 management or persons purporting to act in such a capacity, or any individual who is a controller of
 the body, or any person purporting to act as a controller.
- Unincorporated Associations please include all officers of the association or all members of its governing body, or all persons acting in this capacity.
- Partnerships please include the partners, or any persons acting in this capacity.

Make sure that you give details for anyone holding any of these positions listed below or an equivalent position:

- · Chief Executive Officer (CEO)
- · Chief Operating Officer (COO)
- · Chief Financial Officer (CFO)
- Secretary

If more space is needed, please copy a sheet for each additional person.

Key Person 1

Signature

Date / /

information provided, o	n is correct and		heir deta	on or an Account Operator to confirm the ails. Please note, if full details are not nplete them again.
Beneficial (Organisatio		ng trustees to a Trust)	Associ	ciated Party (including charity trustees)
Position/Ro	ole			
Personal er (We recomme		l email as we may need to cont	act you for	identification purposes)
Title	Full na	ame		
Male	Female	Other/Prefer not to say		
Date of birt	:h /	/		
Country of I	birth		Nati	ionality
Are you a U	K tax resident	? Yes No		
If yes, pleas		any other country other tha ere you are a Tax resident		K or US? Yes No vide your organisations TIN (Tax
Country			TIN	
Residentia	l address			
				Postcode
Certificat	ion and Decl	aration		
I certify that		person to which this forn	n relates	s, or I am authorised to sign for the abov
I declare th		ents made in this form are	, to the b	best of my knowledge and belief, correc
Name				

Key Person 2

Date / /

The Key Person form must be signed by either the Key Person or an Account Operator to confirm the information is correct and to authorise us to verify their details. Please note, if full details are not provided, or the forms are not signed, you may need to complete them again. Please tick all that apply
Beneficial Owner (including trustees to a Trust) Associated Party (including charity trustees) Organisation
Position/Role
Personal email (We recommend your personal email as we may need to contact you for identification purposes)
Title Full name
Male Female Other/Prefer not to say
Date of birth / /
Country of birth Nationality
Are you a UK tax resident? Yes No
Are you a tax resident in any other country other than the UK or US? Yes No If yes, please indicate where you are a Tax resident and provide your organisations TIN (Tax Identification Number)
Country
Residential address
Postcode
Certification and Declaration
I certify that I am the key person to which this form relates, or I am authorised to sign for the above named individual.
I declare that all statements made in this form are, to the best of my knowledge and belief, correct and complete.
Name
Signature

Key Person 3

Date

/ /

The Key Person form must be signed by either the Key Person or an Account Operator to confirm the information is correct and to authorise us to verify their details. Please note, if full details are not provided, or the forms are not signed, you may need to complete them again. Please tick all that apply
Beneficial Owner (including trustees to a Trust) Organisation Associated Party (including charity trustees)
Position/Role
Personal email (We recommend your personal email as we may need to contact you for identification purposes)
Title Full name
Male Female Other/Prefer not to say
Date of birth / /
Country of birth Nationality
Are you a UK tax resident? Yes No
Are you a tax resident in any other country other than the UK or US? Yes No If yes, please indicate where you are a Tax resident and provide your organisations TIN (Tax Identification Number)
Country
Residential address
Postcode
Certification and Declaration
I certify that I am the key person to which this form relates, or I am authorised to sign for the above named individual.
I declare that all statements made in this form are, to the best of my knowledge and belief, correct and complete.
Name
Signature

Kev Person 4

and complete.

Name

Signature
Date

/ /

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The Key Person form must be signed by either the Key Person or an Account Operator to confirm the information is correct and to authorise us to verify their details. Please note, if full details are not provided, or the forms are not signed, you may need to complete them again. Please tick all that apply
Beneficial Owner (including trustees to a Trust) Organisation Associated Party (including charity trustees)
Position/Role
Personal email (We recommend your personal email as we may need to contact you for identification purposes)
Title Full name
Male Female Other/Prefer not to say
Date of birth / /
Country of birth Nationality
Are you a UK tax resident? Yes No
Are you a tax resident in any other country other than the UK or US? Yes No If yes, please indicate where you are a Tax resident and provide your organisations TIN (Tax Identification Number)
Country
Residential address
Postcode
Certification and Declaration
I certify that I am the key person to which this form relates, or I am authorised to sign for the above-named individual.
I declare that all statements made in this form are to the best of my knowledge and belief correct

Large print, braille and audio versions available on request

Registered office: Triodos Bank Deanery Road Bristol BS1 5AS

Freephone: 03303550355 contact@triodos.co.uk www.triodos.co.uk

Calls to and from Triodos Bank may be recorded for training and monitoring purposes.

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