## Intermediary Introduced Additional Parties Form



**Please note** – when filling out this form, please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys.

## Your Information

We collect and process various categories of personal and financial information throughout your relationship with us, to allow us to provide our products and services and to run our business. For more information about how we use your personal information, the types of information we collect and process and the purposes for which we process personal information, please read our Privacy Notice provided on our website at <a href="https://www.rbsinternational.com/global/privacy-notice.html">https://www.rbsinternational.com/global/privacy-notice.html</a>

We may update this from time to time and would encourage you to visit our website regularly to stay informed of the purposes for which we process your information and your rights to control how we process it.

The Bank is legally required to verify your identity and make enquiries about your business before it can consider opening an account. The information requested in this form is necessary to undertake those enquiries. It may be necessary for the Bank to obtain further information from you. You must notify all parties named in this form that their information will be used for the purpose of establishing a banking relationship.

Please use this form to provide details of any additional beneficial owners and/or key principals.

1. Customer information profile								
Name of intermediary/ introducer								
Name of customer (in full)								
GIIN (Global Intermediary Identity No) if applicable								
Identification information	n – please provide details of your main account with the Bank.							
Account title								
IBAN or Account Number								
Sort code								
2. Contact details								
Please provide a contact n	ame, number and email address, in case of a query.							
Name								
Position held								
Telephone number								
Email address								
3. Beneficial owners (use additional copies of this sheet as required)								
Title	Mr X Mrs X Miss X Ms X Other X If other, please specify							
First name(s)								
Middle name(s) where applicable								
Surname								
Former name(s) such as m	aiden name, and any other name(s) used							

Date of birth	DDMMYYYY Male X Female X							
Occupation								
% ownership/control (where not direct ownership please confirm via which entity)								
	%							
Principal residential address (inc country)								
Postcode								
Country of birth								
Place (Town/City) of birth								
Government issued person	nal identification number or unique identifier (e.g. passport, driving licence etc.)							
Nationality								
Document type								
ID number								
Expiry date	D D M M Y Y Y							
National Insurance Number (or equivalent)								
Other nationalities/citizenships								
Does the beneficial owner	have more than 2 nationalities/citizenships?							
Yes X No X								
If 'Yes', please provide the additional information to your usual contact at the Bank.								
Tax residency – please list below the countries in which the beneficial owner is resident for tax purposes and provide the corresponding tax reference numbers or local equivalent.								
Country	Tax reference number							
Is the individual tax resident in more than 2 countries?								
	Yes X No X							
If 'Yes', please provide the	additional information to your usual contact at the Bank.							

Please provide confirmation of the revised Beneficial Ownership (BO) structure detailing all Relevant and Ultimate BOs. You can provide this in the form of a structure chart or in a BO declaration letter

## 4. Key principals

In this section, please provide details for all directors, members, partners, beneficiaries, trustees and corporate entities connected to the customer which may include e.g. General Partner, Corporate Director, Company Secretary.

If the corporate bodies/entities are not regulated we will require additional information on the individual directors/beneficial owners and your usual contact at the Bank will be able to advise you of our requirements.

4.1 Please complete this section where the key principal is an individual (use additional copies of this sheet as required)									
If the individual is an employee of the intermediary only complete their full name and capacity.									
Title	Mr X Mrs X Miss X Ms X Other X If other, please specify								
First name(s)									
Middle name(s) where applicable									
Surname									
Former name(s) such as me	aiden name, and any other name(s) used								
Capacity, e.g. director, tru	stee, company secretary, etc.								
Data at all Destidential									
Principal Residential address									
Postcode									
Date of birth	DDMMYYYY Male X Female X								
Country of Birth									
Place (Town/City) of Birth									
Occupation									
Government issued person	nal identification number or unique identifier (e.g. passport, driving licence etc.)								
Nationality									
Document type									
ID number									
Expiry date									
National Insurance Number (or equivalent)									
Other nationalities/ citizenships									
Does the key principal have more than 2 nationalities/citizenships?									
	Yes X No X								
If 'Yes', please provide the	additional information to your usual contact at the Bank.								
Tax residency – please list numbers or local equivalen	below the countries in which the individual is resident for tax purposes and provide the corresponding tax reference nt.								
Country	Tax reference number								
Is the individual tax reside	nt in more than 2 countries?								
	Yes X No X								

4.2 Please complete th	is sec	tion	wh	ere	the	key	/ pr	inci	ipal	is (	a co	rpo	ora	te e	nti	ty (	use	ad	diti	one	al c	opi	es d	of tl	nis :	she	et d	as r	equ	ired)
If the corporate entity is wh	nolly ov	wned	l/con	troll	ed b	y the	e inte	erm	edia	ry c	only	con	nple	te th	ne f	ull n	ame	e an	d co	apa	city	of t	he e	enti	ty.					
Entity name (in full)																														
Capacity, e.g. corporate d	lirector	r, cor	porc	ite ti	ruste	ee, e	tc.																							
																									Ι					
Principal business address																														
Postcode																														
Registered address (if different from the principal business address)																														
Postcode																														
Telephone number (inc. STD)																														
Formation date	DE	) M	M	Υ	Υ	ΥΙν																								
Country of registration/ formation																														
Registration number																														
Tax residency – please list reference numbers or local				tries	s in v	vhic	h th	е со	rpoi	rate	e ent	tity i	s re	side	ent f	for t	ax p	ourp	ose	es a	nd p	orov	vide	the	; COI	rres	poi	ndin	ıg ta	X
Country	Tax reference number																													
Is the corporate entity tax resident in more than 2 countries?																														
	Yes	Χ	No	Χ																										

If 'Yes', please provide the additional information to your usual contact at the the Bank.

5. Marketing information	tion					
prefer not to receive this i	like to keep you informed about products, services and offers that information by any or all of the methods below, please place a creat you are happy to be contacted by these methods):					
Letter Ph	none Email Text					
RBS International will not share your information with third parties for their own marketing purposes without your permission.						
Communications abo	out your account					
• ,	arketing choices above, we will contact you with information rele neans including online banking, mobile banking, email, text messo	·				
5. Your agreement						
	n must be signed by the Authorised Signatories, who must be empty Mandate with the highest level of signing authority. These Authorited amounts.					
	available at rbsinternational.com/terms using product code RBSI vacynotice. These are important. Please save or print a copy and	•				
Alternatively, please ask	your usual contact at the Bank for a copy of any of our document	tation.				
By signing below:						
• you agree to the Acc	ount Terms.					
<ul> <li>you confirm the deta</li> </ul>	ills provided are correct and agree to notify us of any changes.					
<ul> <li>you will notify any pa</li> </ul>	arties named in this form that the information will be used by us for	the purpose of establishing a banking relationship.				
Authorised Signatory						
Name (in full)						
Position held						
Date	D[D[M]M[Y]Y[Y]Y]					
Authorised Signatory						

Name (in full)

Position held

Date

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

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In the UK Eligible deposits are protected up to a total of £85,000 by the Financial Services Compensation Scheme, the UK's deposit guarantee scheme. Any deposits you hold above the limit are unlikely to be covered. Please ask for further information or visit www.fscs.org.uk

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