Non Personal Account Reclaim Form

Not to be used for personal customers



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 rbsinternational.com/global/privacy-notice.html

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 Royal Bank of Scotland International Limited (the Bank) must obtain a sufficient understanding of the ownership and control of the company and verify the identities of key individuals before it can process your Non Personal account reclaim. The information requested in this form is necessary to undertake those enquiries. You must notify any parties named in this form that their information has been supplied to us for this purpose. Please ensure that any amendments within the form are initialled prior to sending to the Bank and please ensure all pages are returned even if they are not used.

To: DSD Reclaims, PO Box 87, Douglas, Isle of Man, IM99 3HS

Please complete this form in BLOCK CAPITALS and in black ink. Mark option boxes with an 'X'.

1. Organisation/Company/En	tity details		
Full name of your Organisation/Company/Entity			
Intermediary name (if applicable)			
Organisation/Company/Entity activity i.e. property holding, trading, investment holding			
Organisation/Company/Entity type e.g. Limited Company, Trust, LLP			
Complete where applicable:			
Company Registration Number/Regulator Number		Registered Charity Number	
Date Incorporated/Registered		D/MM/YYYY)	
Please confirm the Company/E	ntity is still in existence/of goo	od standing	Yes No
2. Original account details			
2.1 Account number 1			
Full account name			
Account holding branch			
Account number		Sort code	
Currency e.g. GBP		Or multi currency	Yes No

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2.2 Account number 2			
Full account name			
Account holding branch			
Account number		Sort code	
Currency e.g. GBP		Or multi currency	Yes No
2.3 Account number 3			
Full account name			
Account holding branch			
Account number		Sort code	
Currency e.g. GBP		Or multi currency	Yes No
2.4 Account number 4			
Full account name			
Account holding branch			
Account number		Sort code	
Currency e.g. GBP		Or multi currency	Yes No
2.5 Account number 5			
Full account name			
Account holding branch			
Account number		Sort code	
Currency e.g. GBP		Or multi currency	Yes No
CARE: Where you require additi	onal account number fields p	lease use the Additional Informa	tion form provided below.
3. Follow up (the 'follow up' co	ntact must be a key individ	dual quoted in Section 4)	
In the event that we need to con	tact you for further informatio	n, please indicate your preference	ces:
Contact name			
Contact telephone			

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Contact email

4. Key Individuals

Please refer to the Guidance Notes on the final page of this form before completing the Key Individual information below – this will help you identify the key individuals in your organisation or company. Details of all key individuals, including their current residential address must be provided.

4.1 Key Individual 1			[]
Title	Mr Mrs M	Aiss Ms Other	
First name			(Please specify)
Middle name(s)			
Surname			
Date of birth (DD/MM/YYYY)]	
Address line 1			
Address line 2			
Address line 3			
Address line 4 OR overseas country]
Postcode]	
Nationality/ies]
]
Percentage of total owne	eficial Owner/Shareholder	Beneficiary (Trusts) Settlor (Tr	rusts) Officer or equivalent (Clubs & Societies)
(as applicable)			_
Capacity:	Director	Partner	Trustee
Signatory		_	
Date appointed		(DD/MM/YYYY)	
Is the Key Individual an e	existing personal customer	of NatWest Group?	Yes No
If yes – Sort code		Account number	

4.2 Key Individual 2							
Title	Mr	Mrs	Miss	Ms	Other		
First name						(P	ease specify)
Middle name(s)							
Surname							
Date of Birth (DD/MM/YYYY)							
Address line 1							
Address line 2							
Address line 3							
Address line 4 OR overseas country							
Postcode							
Nationality/ies							
Please tick all applicable bo Ownership: Ultimate Benefic		/Shareholder	Benefici	iary (Trusts)	Settlor (Tr		er or equivalent
Percentage of total ownersl (as applicable)	nip held/co	ontrolled	%				s & Obcieties)
Capacity:	Director			Partner		Trustee	
Signatory							
Date appointed			(DD/MM	/YYYY)			
Is the Key Individual an exis	sting perso	onal custome	er of NatWest	t Group?		Yes	No
If yes – Sort code				Ace	count number		

4.3 Key Individual 3						
Title	Mr	Mrs	Miss	Ms	Other	
First name						(Please specify)
Middle name(s)						
Surname						
Date of Birth (DD/MM/YYYY)						
Address line 1						
Address line 2						
Address line 3						
Address line 4 OR overseas country						
Postcode						
Nationality/ies						
Please tick all applicable be Ownership: Ultimate Benefic		Shareholder	Benefici	iary (Trusts)	Settlor (Tr	usts) Officer or equivalent (Clubs & Societies)
Percentage of total ownersl (as applicable)	hip held/cc	ontrolled	%			
Capacity:	Director			Partner		Trustee
Signatory						
Date appointed			(DD/MM	/YYYY)		
Is the Key Individual an exis	sting perso	onal custome	er of NatWest	t Group?		Yes No
If yes – Sort code				Ace	count number	

4.4 Key Individual 4							
Title	Mr	Mrs	Miss	Ms	Other		
First name						(Ple	ase specify)
Middle name(s)							
Surname							
Date of Birth (DD/MM/YYYY)							
Address line 1							
Address line 2							
Address line 3							
Address line 4 OR overseas country							
Postcode							
Nationality/ies							
Please tick all applicable bo Ownership: Ultimate Benefic		/Shareholder	Benefic	iary (Trusts)	Settlor (Tr	usts) Officer	or equivalent & Societies)
Percentage of total ownersl (as applicable)	nip held/co	ontrolled	%			(Clubs	
Capacity:	Director			Partner		Trustee	
Signatory							
Date appointed			(DD/MM	/YYYY)			
Is the Key Individual an exis	sting perso	onal custom	er of NatWes	t Group?		Yes	No
If yes – Sort code				Ace	count number		

4.5 Key Individual 5			
Title	Mr Mrs Miss	Ms Other	
First name			(Please specify)
Middle name(s)			
Surname			
Date of Birth (DD/MM/YYYY)			
Address line 1			
Address line 2			
Address line 3			
Address line 4 OR overseas country			
Postcode			
Nationality/ies			
Please tick all applicable be Ownership: Ultimate Benefic		ciary (Trusts) Settlor (Trusts)	Officer or equivalent
Percentage of total owners (as applicable)	ip held/controlled %		Clubs & Societies)
Capacity:	Director	Partner	Trustee
Signatory			
Date appointed	(DD/MM	1/YYYY)	
Is the Key Individual an exi	ting personal customer of NatWes	st Group?	Yes No
If yes – Sort code		Account number	

Please note in the event where there are in excess of 5 Key Individuals associated with the Organisation/Company/ Entity, please print copies of this page as appropriate.

6. Confirming your agreement

To enable us to complete our due diligence enquiries and release the funds held, this form must be signed in accordance with the last mandate held by the bank. We will use the information supplied on this form for the purposes of checking identity and to undertake money laundering checks. We may obtain information about any directors, beneficial owners, and other parties identified in this form from NatWest Group records and other third parties.

By signing below you confirm that:

- The details provided are correct; and
- You will notify any third parties named in the form that their information will be used in the way described at the start of the form.

Claimant signature(s)	
Name (in full)	Name (in full)
Date of signature (DD/MM/YYYY)	Date of signature (DD/MM/YYYY)
Claimant signature(s)	
Name (in full)	Name (in full)
Date of signature (DD/MM/YYYY)	Date of signature (DD/MM/YYYY)
Claimant signature(s)	
Name (in full)	Name (in full)
Date of signature (DD/MM/YYYY)	Date of signature (DD/MM/YYYY)
Customer Checklist	
Organisation/Company/Entity structure	
chart Signed payment/dispersal instructions	

The Royal Bank of Scotland International Limited (RBS International). Registered Office: Royal Bank House, 71 Bath Street, St. Helier, Jersey, JE4 8PJ. Tel. 01534 282787. Regulated by the Jersey Financial Services Commission.

Guernsey business address: Royal Bank Place, 1 Glategny Esplanade, St. Peter Port, Guernsey, GY1 4BQ. Tel. 01481 703860. Regulated by the Guernsey Financial Services Commission and licensed under the Banking Supervision (Bailiwick of Guernsey) Law, 2020, as amended, the Insurance Managers and Insurance Intermediaries (Bailiwick of Guernsey) Law, 2002, and the Protection of Investors (Bailiwick of Guernsey) Law, 2020, as amended, and The Lending, Credit and Finance (Bailiwick of Guernsey) Law, 2022.

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.

The Royal Bank of Scotland International Limited, Luxembourg Branch, (RBS International Luxembourg Branch). Business address: Espace Kirchberg, The Square, Building A-40 Avenue J.F. Kennedy, L-1855 Luxembourg. Tel. + 352 270 330 355. Authorised and supervised by the Commission de Surveillance du Secteur Financier (authorisation code: B00000399), as Branch of credit institutions originating from a non-Member State of the European Union Additional information (For example, previous addresses if resided at current address for less than 3 years)

Guidance Notes Non Personal Account Reclaim Form

Please use the table below to identify the Key Individuals in the Organisation/Company whose information should be included within the Non Personal Account Reclaim form.

Organisation Types	The following individuals' details should be entered on the Review of Customer Information Form
Limited Companies	All directorsAll ultimate beneficial owners
Trusts & Foundations	 All trustees All beneficiaries All officers / controllers Settlor
 General Partnerships Limited Liability Partnerships Medical and Legal practices 	All partnersAll ultimate beneficial owners
Sole Traders	All ultimate beneficial owners
 Church bodies and places of worship Clubs or Societies Public bodies (such as local councils, community groups and government agencies) 	All officers

Please provide current residential addresses for all Key Individuals.

Glossary

Ultimate beneficial owner: An individual owning or controlling 10% or more of an Organisation/Company/Entity.

Beneficiaries: An individual or Entity that is eligible to benefit from a Trust or Foundation.

Officer/Controller: An individual with the authority to exercise control over the Organisation.

Trustee: A person or Organisation appointed under a trust who administers the affairs of the Trust.

Settlor: An individual or Entity which settles assets into the trust or foundation.