

Business Savings Additional Information Form

How to complete this form

If you need more space to provide your information, please use the 'additional information' box at the end of this form.

If you would like help filling out this form, call us on **01214 68 49 48**. We're here Monday to Friday, 9am to 5pm, except bank holidays.

If any sections are not relevant to you or don't apply to your business/organisation, please add 'N/A'.

If you don't fill in all the sections with as much information as you can, or don't put 'N/A' in the parts that don't apply, we may need to contact you again for the missing information.

How to return your completed form to us

- **Complete this form via DocuSign:** Please enter the Unique Reference Number (URN) you will have been sent via email into the box in the 'Main contact details' section below.
- **If you have been asked to provide other documents or identification:** Please upload the Certification of Identification Form (included in the Ways to Provide Information guidance) with documents certified by a nominated professional via your Additional Information Form DocuSign link. Any new beneficial owners, controlling persons or authorised signatories identified in this form, can also take their original documents into a Nationwide branch for certification.

What we do with the information you give us

The information you give us is kept on record and used to meet our legal and regulatory obligations in relation to preventing financial crime. To find out more, visit nationwide.co.uk/privacy and go to 'How Nationwide uses your information'.

Main contact details

Unique Reference Number

1. Title

2. Forenames (including middle names)

3. Surname

4. Landline number

Please provide at least one contact phone number.

5. Mobile number

Please provide at least one contact phone number.

6. Email address

This should be the email address which we will use to verify and contact you.

Business/organisation details

1. Full legal name

2. Additional trading/operating name(s) (if applicable)

3. Incorporation/formation/charity registration number (if applicable)

This needs to match what is recorded with the relevant government agency (e.g. Companies House), and/or regulatory/supervisory body (where applicable).

4. Country of incorporation/registration

5. Registered address

Number or name

Address line 1

Address line 2

Town/City

Postcode

Country

This needs to match what's recorded with the relevant government agency or regulatory/supervisory body.

6. Correspondence address (if different to registered address)

Number or name

Address line 1

Address line 2

Town/City

Postcode

Country

This is the main address where you have mail posted to.

7. Trading/operational address (if different to registered address)

Number or name

Address line 1

Address line 2

Town/City

Postcode

Country

This is the main address you run your business/trade from.

8. Does the business/organisation have operations and/or material assets outside of the UK?

Include things like offices, manufacturing, subsidiaries and outsourced third parties outside of the UK. Also list any material assets owned by the business/organisation, such as property or land outside of the UK, and whether these generate any income. Include as much detail as possible, as well as the name of the countries.

Nature of business/organisation

1. Nature of business/organisation

What type of business/organisation do you operate? For example: sales; service provider; government; financial; consultancy; professional. Also let us know what the business offering is e.g. the specific services and/or products it provides. If it's a regulated or supervised entity, include that information here.

2. Purpose of business/organisation

Why does the business/organisation operate and who does it benefit? For example: not-for-profit, social good or profit. Also describe its main customer or client base (e.g. businesses, individuals)

3. Business/organisational model

This includes:

- Distribution channels used (e.g. online, face-to-face, third parties).
- Payment methods (e.g. whether most of the transactions are in cash or through electronic transfer).
- Staff structure (e.g., employee numbers)

4. Business/organisation industry

The industry of the business/organisation (e.g., tourism, financial services, manufacturing, shipping, legal services)

About your account

1. Product(s) Type

Instant Access ☐ Notice Account ☐ Fixed Rate Account ☐

Please tick all which apply according to the type(s) of your account(s).

2. Purpose of using Nationwide Business Savings Services

Please tell us how you intend to use each Nationwide Business Savings Service in relation to the business/organisation. For example, short or long-term savings or investments.

3. Source of account(s) funding

What is the source of ongoing funding to your Nationwide Business Savings account(s)? Please provide information on how funds will be deposited into your account(s) and the expected annual deposits to your account.

4. How long do you plan to use Nationwide Business Savings Services for?

☐ 0-1 Year ☐ 1-2 Years ☐ 2-5 Years ☐ 5-10 Years ☐ 10+ Years

Business/organisation ownership and control

1. Business/organisation ownership and control structure

Let us know the overall ownership and control structure (reflecting direct and indirect ownership and control). Include the positions and full names of individuals/entities and entity registration numbers.

2. Directors/Trustees/Partners/Members (or equivalent)

Give as much detail as possible on the shareholding structure of the business/organisation, including types and classes of shares (i.e. the presence of nominee shareholders, preferential shares, percentage split of shareholders within the business/organisation).

3. Beneficial owners, controllers and authorised signatories

In the section below, as applicable, please provide the title, full name, date of birth, address, registration number and ownership percentage for:

- all individuals/entities who/which own and/or control 10% or more of shares and/or voting rights in the business/organisation; and
- if applicable, all intermediary owners and controllers; and
- if applicable, any other individuals/entities who/which have significant influence over, or control of, the activities or decision making in the business/organisation; and
- if applicable, any directors (or equivalent), trustees or partners; and
- any individual and/or entity shareholders your business/organisation may have; and
- all authorised signatories.

For any individuals included in the section below, please also indicate whether they are a beneficial owner/controller and/or authorised signatory.

If the business/organisation is a trust, individuals who are solely authorised signatories must provide an address in the section below.

If you are providing details for more than eight individuals/entities, please include, as applicable, their full name, date of birth, title, address, registration number, relationship to the business or role and ownership percentage in the 'additional information' box at the end of this form. For any individuals included in the 'additional information' box, please indicate whether they are a beneficial owner/controller and/or an authorised signatory.

Please note: if you are providing details of new beneficial owners/controllers/authorised signatories, you will need to attach identification information for them with this form. For more information, please see the 'Ways to Provide Identification' document included with this form.

Individual/Entity 1

Role or relationship to the business

Beneficial owner ☐ Controller ☐ Authorised signatory ☐

Please tick all those which apply

If this party is a beneficial owner, what is their percentage of ownership?

Individual details (if an individual)

Title	<input type="text"/>
Forenames	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>

Entity details (if not an individual)

Full legal name	<input type="text"/>
Registration number	<input type="text"/>

Individual/Entity address

Number or name	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

Individual/Entity 2

Role or relationship to the business

Beneficial owner ☐ Controller ☐ Authorised signatory ☐

Please tick all those which apply

If this party is a beneficial owner, what is their percentage of ownership?

Individual details (if an individual)

Title	<input type="text"/>
Forenames	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>

Entity details (if not an individual)

Full legal name	<input type="text"/>
Registration number	<input type="text"/>

Individual/Entity address

Number or name	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

Individual/Entity 3

Role or relationship to the business

Beneficial owner ☐ Controller ☐ Authorised signatory ☐

Please tick all those which apply

If this party is a beneficial owner, what is their percentage of ownership?

Individual details (if an individual)

Title	<input type="text"/>
Forenames	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>

Entity details (if not an individual)

Full legal name	<input type="text"/>
Registration number	<input type="text"/>

Individual/Entity address

Number or name	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

Individual/Entity 4

Role or relationship to the business

Beneficial owner ☐ Controller ☐ Authorised signatory ☐

Please tick all those which apply

If this party is a beneficial owner, what is their percentage of ownership?

Individual details (if an individual)

Title	<input type="text"/>
Forenames	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>

Entity details (if not an individual)

Full legal name	<input type="text"/>
Registration number	<input type="text"/>

Individual/Entity address

Number or name	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

Individual/Entity 5

Role or relationship to the business

Beneficial owner ☐ Controller ☐ Authorised signatory ☐

Please tick all those which apply

If this party is a beneficial owner, what is their percentage of ownership?

Individual details (if an individual)

Title	<input type="text"/>
Forenames	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>

Entity details (if not an individual)

Full legal name	<input type="text"/>
Registration number	<input type="text"/>

Individual/Entity address

Number or name	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

Individual/Entity 6

Role or relationship to the business

Beneficial owner ☐ Controller ☐ Authorised signatory ☐

Please tick all those which apply

If this party is a beneficial owner, what is their percentage of ownership?

Individual details (if an individual)

Title	<input type="text"/>
Forenames	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>

Entity details (if not an individual)

Full legal name	<input type="text"/>
Registration number	<input type="text"/>

Individual/Entity address

Number or name	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

Individual/Entity 7

Role or relationship to the business

Beneficial owner ☐ Controller ☐ Authorised signatory ☐

Please tick all those which apply

If this party is a beneficial owner, what is their percentage of ownership?

Individual details (if an individual)

Title	<input type="text"/>
Forenames	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>

Entity details (if not an individual)

Full legal name	<input type="text"/>
Registration number	<input type="text"/>

Individual/Entity address

Number or name	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

Individual/Entity 8

Role or relationship to the business

Beneficial owner ☐ Controller ☐ Authorised signatory ☐

Please tick all those which apply

If this party is a beneficial owner, what is their percentage of ownership?

Individual details (if an individual)

Title	<input type="text"/>
Forenames	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>

Entity details (if not an individual)

Full legal name	<input type="text"/>
Registration number	<input type="text"/>

Individual/Entity address

Number or name	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

4. Authority to Act

Nationwide Building Society need to ensure that authorised signatories who are not beneficial owners or controllers in the business/organisation have the authority to act on behalf of the business/organisation. **This section should be completed by someone who is a beneficial owner/controller.** This section also needs to be completed if the business/organisation is a sole trader or partnership.

At a meeting of the Board of Directors/members of the business/organisation, the signatories outlined above were approved in accordance with the memorandum and articles of association/Limited Liability Partnership Agreement of the business/organisation.

Title:

Forenames:

Former or maiden name:
(if applicable)

Date of birth:

Country of birth:

Nationality: (including dual
nationality if applicable)

Permanent residential
address:
(C/O and PO Boxes not
permitted for
residential addresses)

Postcode:

When did this person start
living at this address:

Beneficial owner's/controller's signature:

5. Family members and known close associates

Give the full name and title, date of birth and country of residence of any family members and known close associates not listed in question 3 above, with beneficial owner or controlling status in the business/organisation and outline what their role is.

'Family members' are individuals with control/ownership who are a spouse or civil partner, children, parents, siblings or a spouse/civil partner of the people just mentioned. 'Known close associates' include people such as business partners, associates' etc, who are known to have joint beneficial ownership of the business or who have any other close business relations.

6. Does the business receive and/or send funds outside of the UK? Yes ☐ No ☐

Provide a summary of the estimated volume and value of funds your business/organisation sends or receives (or intends to, if it hasn't yet) outside of the UK from external accounts. List all the countries where funds have been received from or sent to, the purpose of the transactions, and the how often these transactions take place across a year. For example, 10,000 transactions per year from/to country X, totalling average £5 million per year).

If you need more space, please use the additional information field at the end of this form

Large empty box for providing a summary of the estimated volume and value of funds sent or received outside the UK.

Other queries

We will contact you separately if we have any further queries about the business/organisation or its transactions, or if there are any specific documentation we require.

Documentation required

Please provide the evidence/documentation specified (if applicable to your business/organisation).

- Articles of Association (or equivalent governing document for your business/organisation).
- Business/organisation structure chart, if held, highlighting all ownership levels and structures.
- Identification information for any new beneficial owner/controlling person, and any authorised signatories mentioned in this form. These will be any individual/s not previously identified to Nationwide Business Savings.

Additional information

Please use this section to provide us with any extra details or information you may wish to provide.

SAMPLE

Sign and date the form

By signing this form, you certify that the information you have given us is true, accurate and complete to the best of your knowledge.

Please ensure that this form is signed in accordance with your account mandate.

I, as owner of the named business and/or someone acting (and authorised to act) on behalf of the named business/organisation confirm to Nationwide Building Society ("Nationwide"):

1. The accuracy of the information given in this form and any other information provided, and that I have not withheld any material information, in connection with your request; and
2. I acknowledge that any subsequent changes in the composition of the named business/organisation including, where applicable, changes to the directors, secretary, members, partners and other officers, change of domicile, registered office, business or correspondence address, must be notified, and the relevant supporting documentation provided, to Nationwide as soon as practicable.

Signing this form means that you agree to the declaration above. It also confirms that you have told everyone else named in this form that Nationwide will use the information provided to check their identities – and that it will also be shared with credit reference agencies. Your signature also confirms that you have told everyone named what the contents of this form includes and given them a copy of the terms and conditions for the Business Savings account(s) held by the business/organisation with Nationwide. You / they can find out more about 'How Nationwide uses your information' by visiting nationwide.co.uk/privacy.

First authorised
signatory name:

Signature:

Date:

Second authorised
signatory name:

Signature:

Date:

Third authorised
signatory name:

Signature:

Date:

Fourth authorised
signatory name:

Signature:

Date:

Attach certification documents

If you have been asked to provide additional identification documents, please upload them below. A completed Certification of Identification Form (signed by your nominated professional) and copies of certified documents will need to be provided for any new beneficial owners, controlling persons or authorised signatories identified in the Additional Information Form. Please note there is a 12MB size limit per file.

Select the attachment icon(s) below to upload your document(s)

SAMPLE

We're here if you need us

If you have any questions or need us to send you documents in Braille, large print or as an audio recording, you can email us at **CustomerAccountReview@nationwide.co.uk** or talk to a member of the Customer Account Review Team by calling us on **01214 684948**. Just make sure to quote the Unique Reference Number in your email or during your call. We're here to help Monday to Friday, from 9am to 5pm, except bank holidays.

Nationwide Building Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 106078. You can confirm our registration on the FCA's website [fca.org.uk](https://www.fca.org.uk). Nationwide is not responsible for the content of external websites. Most Business and Corporate saver accounts are not regulated. Some businesses and charities may be eligible for protection under the Financial Services Compensation Scheme (FSCS).

Nationwide's head office is at Nationwide House, Pipers Way, Swindon, SN38 1NW.

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