

Please complete this interactive form and return the PDF via email to : treasury_ops@ybs.co.uk

Forms that are incomplete or incorrect may have to be returned which will delay the processing of your application. If you have any questions about your application, please email treasury_ops@ybs.co.uk

1. About your organisation

Full name of organisation	
Registered business address	
Switchboard number	
Web address	
Do you deal with money market brokers?	

2. Delegated authorities' personal details

Those people with delegated authority to open the account on behalf of the organisation.

Please ensure these names correspond with either the Board extract or the authorised signatory list we've asked for in section 6 providing evidence that those signing the application form have the appropriate delegated powers to act on behalf of the organisation.

Details of delegated authority 1		Details of delegated authority 2	
Title		Title	
Surname		Surname	
First name & initials		First name & initials	
Position in organisation		Position in organisation	
Email address		Email address	
Telephone no		Telephone no	
Nationality		Nationality	
Date of birth e.g. dd/mm/yy		Date of birth e.g. dd/mm/yy	
Home address		Home address	
Length of time at this address (YY/MM)		Length of time at this address (YY/MM)	
Previous address (If at your present address for less than 3 years)		Previous address (If at your present address for less than 3 years)	
Three years' address history is required. If necessary, please provide further information on an additional sheet.		Three years' address history is required. If necessary, please provide further information on an additional sheet.	

3. Authorised dealers

This section is for nominating individuals to give instructions to make Treasury deposits. If there are more than four authorised dealers please provide a copy of your signed dealer mandate.

Authorised dealer 1 (Main contact)		Authorised dealer 2	
Title		Title	
Surname		Surname	
First name & initials		First name & initials	
Position in organisation		Position in organisation	
Email address		Email address	
Telephone no		Telephone no	
Nationality		Nationality	
Date of birth e.g. dd/mm/yy		Date of birth e.g. dd/mm/yy	
Authorised dealer 3		Authorised dealer 4	
Title		Title	
Surname		Surname	
First name & organisation		First name & organisation	
Position in organisation		Position in organisation	
Email address		Email address	
Telephone no		Telephone no	
Nationality		Nationality	
Date of birth e.g. dd/mm/yy		Date of birth e.g. dd/mm/yy	
4. Transaction details			
Approximate value you wish to trade	£		
The Society will confirm all trades with you via email			
Confirmation email address	Where possible please do not provide an individual's email address		
Contact telephone number			

5. Standard settlement instructions

Funds can only be paid into an account held in the same name as the deposit holder. Under no circumstances can funds be paid to or for the account of a third party.

Name of bank & branch	
Sort code	<input type="text"/> <input type="text"/> <input type="text"/>
Account number	
IBAN (International bank account number)	
Account name	

6. List of documents to be provided with your application

Document required	Provided Y/N	Additional comments
Management structure Please ensure this includes listed delegated authorities		
Additional dealer mandate (if applicable)		
Board extract Stating delegated authority to open accounts		
Authorised signatory list Evidencing that those signing the application form have the appropriate delegated powers to act on behalf of the organisation		

7. UK Money Market Code

Please tick to acknowledge that you agree to adhere to the principles of the Bank of England's UK Money Market Code www.bankofengland.co.uk/

8. FSCS

Please tick to acknowledge that you have read the [YBS FSCS Letter](#).

9. Declaration

This section should be signed by each of the delegated authorities named in Section 2.

By signing below I confirm that I understand and accept the Terms & Conditions and that all information supplied is correct.

I acknowledge that the information contained in this form and information regarding reportable account(s) may be reported to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I may be tax resident in line with intergovernmental agreements to exchange financial account information with the country/ies in which this account(s) is/are maintained.

Please tick to acknowledge that you have read and accept the Society's personal data policy

Delegated authority 1

Print name	Signature	Date (e.g. dd/mm/yy)

Delegated authority 2

Print name	Signature	Date



YBS.CO.UK

Head Office:

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All communications with us may be monitored/recorded to improve the quality of our service and for your protection and security.

Calls to 03 numbers are charged at the same standard network rate as 01 or 02 landline numbers, even when calling from a mobile. Calls to 0800 numbers are free of charge from a landline or mobile.

Yorkshire Building Society is a member of the Building Societies Association and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Yorkshire Building Society is entered in the Financial Services Register and its registration number is 106085.

Our printed material is available in alternative formats e.g. large print, Braille or audio.
Please call us on
0345 1200 872.