

## Individual Identification & Verification Form

For the identification and verification of Account Operators (Nominated Persons and Authorised Signatories) and Responsible Individuals of an account.

Please use black or blue ink and write clearly in the spaces provided in BLOCK CAPITAL letters. Mark relevant boxes with a clear cross.

### 1. ACCOUNT NAME

Account Name

Position Held

Will you be an Account Operator?

☐ Yes ☐ No

### 2. PERSONAL DETAILS

Title

Gender

Home Telephone Number

First Name

Mobile Telephone Number

Middle Name(s)

Email Address

Surname

Country of Birth

Date of Birth

Nationality

Preferred contact method(s) for account enquiries

☐

Email

☐

SMS

☐

Telephone

☐

Post

Country of Residence

### 3. YOUR ADDRESS HISTORY

Current Address

Date effective from

Residential Status  
(Homeowner with or  
without mortgage/  
Tenant etc)

Postcode

If you have lived at your current address for less than three years, please also provide your previous addresses below

Previous Address

Date effective from

Date effective to

Residential Status  
(Homeowner with or  
without mortgage/  
Tenant etc)

Postcode

Previous Address

Date effective from

Date effective to

Residential Status  
(Homeowner with or  
without mortgage/  
Tenant etc)

Postcode

**4. TAX COMPLIANCE: INTERNATIONAL EXCHANGE OF INFORMATION AGREEMENT - INDIVIDUAL SELF CERTIFICATION**

Tax Regulations<sup>1</sup> require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with HMRC. If you have any questions about your tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes within 30 days.

**Completion of this section is a regulatory requirement for Sole Traders.**  
**Please note we are obliged to provide HMRC with details about Customers who are required to but do not complete this section.**

**Tax residency**

Please answer questions a) and b):

a. Are you resident for tax in the UK? ☐ Yes ☐ No ☐ Don't Know

(If you have always lived in the UK then you are likely to be UK tax resident. However, if this does not apply and you are unsure of your status, you should seek professional tax advice.)

b. Are you resident for tax in any other country? ☐ Yes ☐ No ☐ Don't Know

If you have ticked "Yes" to question b, please indicate all countries in which you are resident for tax purposes and provide the associated Tax Reference Numbers. If you are a US citizen or resident, please include United States in this table along with your US Tax Identification Number (TIN). If you are unable to provide a TIN, please check the box to certify that a TIN is unavailable.

Country/Countries of Tax Residency	TIN / Tax Reference Number	TIN / Tax Reference Number Unavailable
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**5. MAGIC WORD (TO BE USED FOR SECURITY PURPOSES)**

The Magic Word is used as part of the internet banking registration process. It should be up to 8 characters long made of both upper and lower case alphabetical characters only.

Magic Word

**6. DECLARATION AND SIGNATURE****Credit Reference Agencies**

When you make this request to become an Account Operator as defined in “Our Service Relationship with Business Customers” brochure (Terms and Conditions), Metro Bank will make various checks in order to assess your eligibility to become an Account Operator, to verify your identity and to prevent and detect crime and money laundering. Metro Bank will search records held by credit reference agencies (‘CRAs’) when considering this request.

**Fraud Prevention Agencies**

If you give false or inaccurate information and fraud is identified or suspected, details may be passed to fraud prevention agencies and/or CRAs to prevent fraud and money laundering. Law enforcement agencies may access and use this information.

**Giving Your Consent**

We would like to contact you to tell you about our other products and services that we think you might be interested in. If you would like to be contacted by any of the following means, please let us know by crossing the relevant box(es) below;

☐ Post ☐ Phone ☐ SMS ☐ Email

More information is available about how Metro Bank will use your information. You have been given a copy of the Terms and Conditions which includes a section titled “How we use the information we hold about you”. More detailed information is also available about how Metro Bank will use your information in our “Guide to the Use of Your Information - Business Customers” brochure. Please ask any Metro Bank team member for a copy of this leaflet. **By signing this form you agree to Metro Bank using your information as set out above and in the ways described in the leaflet.** You can contact us in writing at **Metro Bank PLC, One Southampton Row, London, WC1B 5HA** or **enquiries@metrobank.plc.uk** at any time if you would like us to stop using your data in a manner to which you have previously consented.

Any decision by Metro Bank to accept your request to become an Account Operator in relation to the Account identified in section 1 (the ‘Relevant Account’) will be based on the information set out in this request. By signing this form, you declare that the information set out in this request is, to the best of your knowledge and belief, correct and not misleading. If it alters at any time you must tell Metro Bank promptly in writing.

If your request is accepted, you will not have any rights under the Terms and Conditions in your capacity as Account Operator. However the Relevant Entity will be responsible for your acts or omissions as if they were its own. We have recommended that the Relevant Entity should make you aware of its obligations to Metro Bank under the Terms and Conditions.

Before signing this form you should carefully read the Terms and Conditions and the “Important Information Summary”. If there is anything you do not understand then please discuss it with a Metro Bank Customer Service Representative before signing this form.

**Print Name**

**Signature**


Date

**Metro Bank staff use only**

Individual Customer Number

Customer seen in store: Face-to-face ID&amp;V completed

☐

Customer not present: Remote ID&amp;V completed

☐

Existing Customer: ID&amp;V already held

☐
**Colleague name**

**Colleague signature**


Date