

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. Please complete in BLOCK CAPITALS.

The Customer instructs the Bank to set up an Open Credit **Facility** to enable a **Customer** or an individual authorised by the Customer (an **Authorised Person**), to withdraw money over the counter at one of the **Bank's** branches.

1. Type of request

New Facility

Replacement of existing Facility

2. Customer details

Account name (as shown on cheque book)

Account number

Sort code

Is client CIB?

Yes

No

If Yes - please fax completed form application to 0845 307 4402.

3. Open Credit details

Branch name where money will be collected

Branch/Sub branch sort code

Maximum amount in any one:

day

OR

week

OR

month

£

Amount in words

4. Identification of Authorised Person(s)

Cheques will be made payable to:

EITHER

"Cash" and annotated with the name of an individual i.e "Cash (name)"

- and may be cashed by the named individual who must present the following ID (examples of acceptable ID include a driving licence, passport or staff ID card):

ID to be presented

OR

"Cash"

- and may be cashed by any of the following Authorised Persons (or an Authorised Signatory specified in the mandate) who must present the following ID (examples of acceptable ID include a driving licence, passport or staff ID card):

Authorised Persons

ID to be presented

5. Customer agreement

By signing, the Customer agrees:

- (a) the Bank may cash a cheque even if it is crossed.
- (b) a cheque cannot be stopped once cash has been paid over the counter.
- (c) to pay the Bank's charges as agreed and confirmed at opening or when providing the Facility.
- (d) the Facility will continue until the Customer gives the Bank not less than 5 business days notice to cancel the Facility or gives the Bank a replacement form.
- (e) the Bank may cancel the Facility immediately if it suspects the Facility may be abused or give rise to fraud on the account. Otherwise the Bank will give the Customer not less than 30 days' written notice.

Signed in accordance with the authority held by the Bank

Customer Signature(s)

Name _____

Name _____

Date (DD/MM/YYYY) _____

Date (DD/MM/YYYY) _____

For Bank use only

CIB clients - Completion only required for requests exceeding £5000.

Authorisation by Relationship Manager

I confirm that I have reviewed this open credit request in accordance with the guidelines provided in the Product Toolkit, confirmed that the product and limit is suitable for the customer and that the form is signed in accordance with the mandate.

Staff signature

Name

Team/Unit

Date (DD/MM/YYYY)

ISV number

Contact number

Authorised forms should be faxed to 0845 307 4402 or posted to Scotland Corporate Service Centre, Open Credits Team, Drummond House, Edinburgh, Depot Code 45.

I would like to be copied in on the advice sent to branch