

Application Form

New IBAN Business Account Application Form

Please fill in the following form and return to us electronically.

(1) Your Company Details

Applicant Name	Click here to enter text.
Company Name	Click here to enter text.
Full Trading Address	Click here to enter text.
Full Registered Address	Click here to enter text.
Company Website Address	Click here to enter text.
Company Domain Owner	Click here to enter text.
Telephone Number (Main Company)	Click here to enter text.
Email Address (Main Company)	Click here to enter text.
Mobile Telephone Number (Applicant)	Click here to enter text.
Email Address (Applicant)	Click here to enter text.
Company Registration Number	Click here to enter text.
Date of Incorporation	Click here to enter text.
Company Tax ID / VAT Number	Click here to enter text.

(2) Your Company Profile

<p>Is your Company regulated? (if YES please enter regulation information)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' enter regulation information here...</p>
<p>Industry SIC Code & Description</p>	<p>Click here to enter text.</p>
<p><u>Company Physical Locations:</u> Please state all other countries & locations where the company has a physical presence</p>	<p>Click here to enter text.</p>
<p><u>Business Model:</u> Please fully describe the intended business model, route to market & customer journey.</p>	<p>Click here to enter text.</p>
<p><u>Trading Locations:</u> What countries do you currently have business activities with or intend to have business activities with in the near future?</p>	<p>Click here to enter text.</p>
<p><u>Licence or Regulation:</u> Are there any activities that the company engages in normally require a license of any type or to be authorised by a Financial Services Authority or Commission or other Regulatory body to be registered with such e.g. Financial Services, Payment processing, FX Brokerage, FX Trading</p>	<p>Click here to enter text.</p>
<p>Do you intend to use your Business Account to make Third Party payments?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What would normally be the reason for making and receiving transfers, to and from the Business Account?</p>	<p>Click here to enter text.</p>

Number of Employees	Click here to enter text.
Revenue/Sales for most recent fiscal year or expected revenue figure for 1st complete fiscal year:	Click here to enter text.

(3) Expected Banking Activity

Main countries to which you will make transfers:	Click here to enter text.
Main countries from which you will receive transfers	Click here to enter text.
Estimated number of outgoing transfers per month:	Click here to enter text.
Estimated number of incoming transfers per month:	Click here to enter text.
Average value for each transfer:	Click here to enter text.
Maximum value of each transfer:	Click here to enter text.

(4) Flow of Funds

Breakdown of flow of funds to be routed through the new IBAN account

Receipts:

Settlement / Source:	%
Name	--
Name	--
Name	--
Name	--
Name	--
Total:	100%

Remittances:

Beneficiary:	Location	Currency	%
Name	--	--	--
Name	--	--	--
Name	--	--	--
Name	--	--	--
Name	--	--	--
Total:	100%		

(5) Your Authorised Signatory

Signatory: First Name	Click here to enter text.
Signatory: Last Name	Click here to enter text.
Signatory: Full Home Address	Click here to enter text.
Signatory: Nationality	Click here to enter text.
Signatory: Passport No	Click here to enter text.
Signatory: Passport Expiry Date	Click here to enter text.
Signatory: Telephone Number	Click here to enter text.
Signatory: Fax Number	Click here to enter text.
Signatory: E-mail Address	Click here to enter text.
Please specify the names of the companies of which you currently are, or were in the last 3 years, beneficial owner, director or authorised signatory.	Click here to enter text.

(6) Director Details

Director: First Name	Click here to enter text.
Director: Last Name	Click here to enter text.

Director: Full Home Address	Click here to enter text.
Director: Nationality	Click here to enter text.
Director: Passport No	Click here to enter text.
Director: Passport Expiry Date	Click here to enter text.
Director: Telephone Number	Click here to enter text.
Director: Fax Number	Click here to enter text.
Director: E-mail Address	Click here to enter text.
Please specify the names of the companies of which you currently are, or were in the last 3 years, beneficial owner, director or authorised signatory:	Click here to enter text.

(7) Ultimate Beneficial Owner (UBO) Details

UBO: First Name	Click here to enter text.
UBO: Last Name	Click here to enter text.
UBO: Full Home Address	Click here to enter text.
UBO: Nationality	Click here to enter text.

UBO: Passport No	Click here to enter text.
UBO: Passport Expiry Date	Click here to enter text.
UBO: Telephone Number	Click here to enter text.
UBO: Fax Number	Click here to enter text.
UBO: E-mail Address	Click here to enter text.
Please specify the names of the companies of which you currently are, or were in the last 3 years, beneficial owner, director or authorised signatory:	Click here to enter text.

Are you acting as a nominee Shareholder for any other person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you signed, or do you intend to sign a DEED of Trust that transfers Ownership of the shares to a third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(8) Source of Initial Funding

To fund your account, you will transfer initial funds to us. We will verify that these funds come from an account that you specify below. You must specify the details of the current company bank account (if you have one) and the details of the personal bank account of a beneficial owner.

Does the Company currently hold a Business Bank Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7.1: Current Company Bank Account Information (if applicable)

Account Holder Name	Click here to enter text.
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Account Number	Click here to enter text.
Bank Name	Click here to enter text.
Bank Address	Click here to enter text.
Bank Country	Click here to enter text.
Swift / BIC:	Click here to enter text.

7.2: Ultimate Beneficial Owner (UBO) Personal Bank Account

Account Holder Name	Click here to enter text.
Account Number	Click here to enter text.
Bank Name	Click here to enter text.
Bank Address	Click here to enter text.
Bank Country	Click here to enter text.
Swift / BIC:	Click here to enter text.

7.3: Initial Funding

Account Currency	Click here to enter text.
Have you signed, or do you intend to sign a DEED of Trust that transfers Ownership of the shares to a third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(9) Intermediary

Recommended By (name)	Click here to enter text.
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(10) Confirmation and Applicant Signature

Please confirmation that all information is true & correct.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Applicants Signature	
Applicants Name	Click here to enter text.
Company Name	Click here to enter text.
Applicant Job Title	Click here to enter text.
Date of Signature	Click or tap to enter a date.

EMS Statement:

European Merchant Services (UK) Ltd, (EMS), hereby confirms that the information provided in this application shall not be shared and will be handled in a confidential manner at all times.

In order for some solutions to comply with relevant AML requirements, it is a requirement that third party recipients are able to share, when requested, KYC and KYB documentation. This will enable a more efficient service and without causing any delays to the end recipient.

EMS is an appointed representative of a number of financial houses, who are registered and licensed.