

INTRODUCER CONTACT DETAILS (IF APPLICABLE)

Date (DD-MM-YYYY)	- -
Advisory Name / Contact	Ian Buss - ianbuss@educationbanking.co.uk
Administrator Name / Contact	Ian Buss 07796 940193

SECTION 1: ORGANISATION INFORMATION

Type of Organisation	<p>Incorporated Charity (registered charity constituted as a company limited by guarantee)</p> <p>Unincorporated Charitable Association (registered charity constituted in another way)</p> <p>Charitable Incorporated Organisation (CIO)</p> <p>Charitable Trust</p> <p>Community Interest Company (CIC)</p> <p>Housing Association (a registered social landlord)</p> <p>Local Authority</p> <p>Credit Union</p> <p>Club or Society</p> <p>Education – Schools (Single or Multi Academies, Faith Schools, Boarding Schools, etc)</p> <p>Education – Colleges</p> <p>Education – Universities</p> <p>Other (please specify)</p>
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Legal Entity Name: The applicant hereinafter referred to as You, The Entity, The Organisation.	
Trading Name (if applicable):	
Previous Names (if applicable):	
Name of Group (if applicable):	
Registered Number(s):	

REGISTERED ADDRESS	
Address Line 1	
Address Line 2	
Address Line 3	
Dates From (MM-YYYY)	- -
Please tick if the registered address above is the same as the trading address	<input type="checkbox"/> Yes <input type="checkbox"/> No, it's different

TRADING ADDRESS	If the principal trading address is different from the registered address, please fill in the below.
Address Line 1	
Address Line 2	
Address Line 3	
Dates From (MM-YYYY)	- -

PRIMARY CONTACT INFORMATION A contact number and email is required	
Contact Name	
Contact Telephone Number	
Email Address	
Preferred Method of Contact	<input type="checkbox"/> Telephone <input type="checkbox"/> Email

SECTION 2: PLEASE PROVIDE THE NAMES OF ANY KEY CONTROLLERS OR TRUSTEES OF YOUR ORGANISATION THAT HAVE BEEN APPOINTED WITHIN THE LAST 3 MONTHS

By Key Controllers, we are referring to the individuals who have been elected or appointed to exercise direct control over your organisation by participating in the governance of the organisation or taking part in senior executive activities. Typically, Key Controllers will be the individuals who are responsible for the setting the strategic direction of your organisation or sit on an executive committee. Who these individuals are will depend on the structure of your organisation. Usually this will be the members of your management board (such as the trustees, members, CEO, CFO, or other directors and senior executives).

	Full Name	Title of Position	Date appointed	Country of Residence
1				
2				
3				
4				
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12				
Are there any Politically Exposed Persons (PEP) participating in the governance of your organisation or undertaking any senior executive activities?		Yes No	If Yes, please detail	

SECTION 3: YOUR ORGANISATION (HELP US KNOW YOU BETTER)

The more information you provide, the better Insignis Cash can understand what your organisation does.

This information will assist us in processing your application efficiently

<p>Please describe and expand on the nature of your activities.</p> <p>Nature of activities refers to the type of organisation you are (i.e., a religious group), the activities you undertake, how you raise revenue and who are your beneficiaries.</p>	
<p>Please detail any material changes in your organisation's operations in the last 5 years.</p> <p>This refers to any changes in your activities.</p>	
<p>Do you have any plans to expand your operations? If yes, please specify.</p> <p>Yes No</p>	
<p>Please provide your web address (if you have a website).</p>	
<p>Organisation Incorporation/ Registration Date.</p>	
<p>Organisation Commencement / Trading Date (if different from incorporation date).</p>	
<p>Country in which your organisation was incorporated.</p>	
<p>How does your organisation raise funds? Please be specific. If you generate income from multiple sources, please provide a breakdown.</p> <p>e.g. We receive donations through our website ranging from £500 - £1,000 per month and we also attend events where we collect cash donations of around £200 per month.</p>	
<p>How does your organisation accept Cash Donations? If yes, please explain what percentage of turnover is cash and if your organisation has any rules/policies regarding limits on the amount of cash donations accepted from a donor or conduct any due diligence on donors giving cash donations.</p>	
<p>What is your current number of employees?</p>	
<p>What is the organisation's annual turnover?</p>	
<p>What is your organisation's balance sheet value?</p>	
<p>Do you have any current or planned activities overseas? Activities include (but are not limited to) operations, presence, distributors, suppliers, import/export of goods or services, assets held, income/revenue generated or third-party relationships, or any other commercial exposure.</p>	<p>Yes (Please complete Section 3a)</p> <p>No (Please move to Section 4)</p>

SECTION 3A: YOUR OVERSEAS ACTIVITIES (HELP US UNDERSTAND WHERE YOU OPERATE)

The more information you provide, the better Insignis Cash Solutions can understand your organisation's model. This information will assist us in processing your application efficiently. This section is mandatory where you have any current or planned activities overseas.

Please provide the names of all countries where your organisation is located/operates from, has any activities, or presence.

Activities include (but are not limited to) operations, presence, distributors, suppliers, import/export of goods or services, assets held, income/revenue generated or third-party relationships, or any other commercial exposure.

Donors/ donations or income - please list any countries from where you source more than 10% of your revenue. Please include country, the sources, purpose, frequency and indicate the type of donor.

Do you obtain 10% or more of your revenue from any one donor?

Yes No

If Yes, please detail

Beneficiaries & outward payments - please list any countries where you send any money overseas. Please include country, purpose, frequency and indicate beneficiaries.

Does your organisation have a designated officer or Money Laundering Reporting officer (MLRO), a framework, policies and procedures in place to consider and take steps to mitigate financial crime risks relating to sanctions, terrorist financing, corruption and laundering the proceeds of crime?

Yes No

If Yes, please detail

Name of MLRO:

Length of tenure with the organisation:

Details on your financial crime framework:

Link to your policies and procedures:

What, if any, independent review has been undertaken to ensure these policies/procedures are operating effectively?

e.g., compliance monitoring, internal/external audit, quality assurance. Please provide further details.

SECTION 4: YOUR DEPOSIT WITH INSIGNIS CASH SOLUTIONS

<p>Estimated deposit amount</p> <p>This will be amount you plan to deposit via Insignis.</p>	
<p>Expected activity via Insignis Cash</p> <p>Do you know of any upcoming deposits you plan to make via Insignis Cash? How much and often do you expect deposits be made using Insignis Cash from your organisation?</p>	
<p>Source of deposit</p> <p>This refers to the origin of the funds, which you wish to deposit with Insignis.</p>	<p>Revenue from donations (multiple donors)</p> <p>Single large donor</p> <p>Charitable fundraising</p> <p>Income from a grant</p> <p>Legacy donation</p> <p>Sale of real estate</p> <p>Sale of other assets</p> <p>Transfer of funds from another charitable organisation</p> <p>Reserves</p> <p>Government Funding</p> <p>Other (please specify)</p>
<p>Are or do you plan to hold any deposited funds for the benefit of one or more underlying beneficiaries, associated entities or other third parties?</p>	<p>Yes No</p>

SECTION 5: BANK ACCOUNT TO BE LINKED TO OUR CASH SOLUTION "THE LINKED ACCOUNT"

<p>Currency</p>	<p>£ \$ €</p>
<p>Bank or Building Society Name</p>	
<p>Name on the Account</p>	
<p>Account Number</p>	
<p>Sort Code</p>	
<p>If Euro/Dollar, please provide</p>	<p>IBAN:</p> <p>SWIFT:</p>

Note: Interest will be paid to your Insignis hub account for reinvestment or withdrawal and not directly to the linked account.

SECTION 6A: ACCOUNT OPERATORS

1. An account operator has full access to the Insignis Cash platform including the ability to instruct placement of deposits, withdrawals, view the account and change or edit account details.
2. By signing this application form, you instruct Insignis Cash Solutions to open an account in the organisation's name and authorise Insignis Cash to provide access and act on any instruction given by those persons named below.
3. You agree that the below instructions and arrangements will remain in force until changed by any authorised person(s) in clause 1 above, or where relevant, by a resolution passed by the Board of Directors, or other management committee of the organisation and a certified copy of the decision will be provided to Insignis Cash.

Authority to Transact Where Dual Authorisation is selected, please confirm below whether the Account Operator will be a Requester or Approver. There must always be one Requestor and one Approver on the account. An individual cannot be both a Requestor and Approver.		Single Authorisation Dual Authorisation	
Account operators:		All Account Operators will have to complete an Additional Signatories Form.	
SIGNATORY 1		SIGNATORY 2	
Name:	Name:	Name:	
Requestor	Requestor	Requestor	
Approver	Approver	Approver	
Email	Email	Email	
SIGNATORY 4		SIGNATORY 5	
Name:	Name:	Name:	
Requestor	Requestor	Requestor	
Approver	Approver	Approver	
Email	Email	Email	

SECTION 6B: NOMINATED PERSONS

1. A nominated person has view only access to the Insignis Cash platform.
2. A nominated person cannot have any authorisation on the account or instruct any form of transaction on your account.
3. The Entity agrees that the below instructions and arrangements will remain in force until changed by any authorised person(s) in clause 1 above, or where relevant, by a resolution passed by the Board of Directors, or other management committee of the organisation and a certified copy of the decision will be provided to Insignis Cash.

NOMINATED PERSON			
Full name	Date of Birth	Email Address	Mobile number

SECTION 7: YOUR TAX DETAILS

Tax regulations require us to collect information about each Client's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we will be obliged to share information about your account(s) with His Majesty's Revenue & Customs (HMRC) who may in turn share this information with other tax jurisdictions. Please indicate all countries in which you are required to file taxes or pay taxes overseas and your associated Tax Identification Number(s) in the table below. If you are also a US organisation you must include United States in this table along with your US Tax Identification Number. If you have any questions about your tax residency, please contact your tax adviser

Tax Status for the organisation	Jurisdiction of Tax Residency	Taxpayer Identification Number (TIN)

SECTION 8: TERMS AND CONDITIONS

1. I/We hereby apply to Insignis Cash to open a hub account to enable us to manage my/our initial deposit and subsequent deposits using the services as described in the Insignis Cash Customer Terms and Conditions.
2. I/We have read, understood and accept the clauses of the Insignis Cash Customer Terms and Conditions.
3. I/We have received information on the Financial Services Compensation Scheme (FSCS) and confirm I/we have understood the requirements for eligibility for FSCS protection.
4. I/We have received information on Insignis Cash complaints procedure or have been directed to the complaints section on Insignis Cash website and confirm I/we have understood the requirements and procedures for complaints.
5. I/We have read and understood the Insignis Cash Privacy Policy and give consent to Insignis Cash to conduct background/due diligence checks, including using my/our personal data as relevant.

I/We would like to be added to the Insignis Cash Solutions regular mailing list

We will never share your data with any other third parties. Please see our privacy notice for more information.

This must be signed by up to 2 Key Controllers (e.g. Directors, Trustees, Executives, Chairman, Treasurer, CEO, CFO, etc).

I/we authorise to apply to Insignis Cash and confirm that the named individuals in this application form have the relevant authority to act on behalf of the company/organisation in the opening and operation of this Hub account. I declare that the information provided on this form is, to the best of my knowledge and belief, accurate and complete. I/we agree to notify Insignis Cash Solutions promptly if any of this information changes in the future. By signing this application you are agreeing to the following:

Terms and Conditions	Privacy Policy	FSCS Awareness-Leaflet	Complaints
		SIGNATORY ONE	SIGNATORY TWO
Signatory Name			
Signature			
Date		- -	- -

SECTION 9: ADDITIONAL COMMENTS

V1 April 2025

Please return to Insignis Cash, St John's Innovation Centre, Cowley, Cambridge, CB4 0WS or email to client.services@insigniscash.com