

School Account Application Form

INSIGNIS 

Approved by Department for Education

INTRODUCER DETAILS (IF APPLICABLE)

Introducer Name (if applicable)	Progressive Edge Solutions Ltd t/a Education Banking
Advisory Name (if applicable)	Ian Buss - ianbuss@educationbanking.co.uk

SECTION 1: SCHOOL INFORMATION

Full legal name:	
Previous name(s) if changed in the last 3 years:	
Trading name (if different from legal name):	
Name of group (if applicable):	
School incorporation / registration date:	/ /
School commencement / trading date (if different):	/ /
School registration number (if applicable):	
Type of School (Single or Multi-Academy, Faith etc.):	

SECTION 2: ADDRESS INFORMATION

REGISTERED ADDRESS

Address line 1:	
Address line 2:	
Address line 3:	
Time at address:	Years Months

*Please note that we require a minimum of three years address history.
If applicable, confirm the previous address(es) in Section 10.*

Tick if the registered address is the same as the trading address	Yes	No (if ticked no, please complete trading address details).
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TRADING ADDRESS

Address line 1:	
Address line 2:	
Address line 3:	
Time at address:	Years Months

*Please note that we require a minimum of three years address history.
If applicable, confirm the previous address(es) in Section 10.*

SECTION 3: SCHOOL FINANCIALS

What is the current number of employees?

What is the school's annual turnover based on the most recent financial accounts filed (£)?

What is the school's latest balance sheet total based on the most recent financial accounts filed (£)?

How does your school raise funds?

Does your school accept cash donations?

No

Yes

If ticked yes, what percentage of annual turnover is received in cash?

%

SECTION 4: OVERSEAS ACTIVITIES

The more information you provide the better Insignis 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 activities overseas.

Does your school operate (i.e., provide education) overseas?
If ticked no, move to Section 5.

No

Yes

If ticked yes, please provide the names of all countries in which your school operates.

Does the school receive any income, including donations, from overseas?

No

Yes

If ticked yes, please list any countries from where you source more than 10% of your annual revenue based on the most recently filed financial accounts.

Does your school make any payments to persons or entities based outside the United Kingdom with respect to the provision of education?

No

Yes

If ticked yes, please list any countries to which you remit funds.

SECTION 5: TAX INFORMATION

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 tax overseas and your associated Tax Identification Number(s) in the box below. If you are also a US organisation you must include United States in the box below along with the US Tax Identification Number. If you have any questions about your tax residency please contact your tax adviser.

Is your school tax exempt?

Yes

No

If ticked no, please add details of the jurisdiction(s) in which it pays tax and the associated tax identification number(s):

SECTION 6: DEPOSIT INFORMATION

Please indicate the size of the deposit you intend to place on the cash platform once the account is opened.

£

How much do you intend to deposit on the cash platform over the next 12 months?

£

Please select which of the following options best describes how the funds to be deposited at Insignis were accumulated.

Reserves

Revenue from donations

Single large donor

Government funding

Sale of asset(s)

Other (please describe below)

SECTION 7: LINKED BANK ACCOUNT

Please complete the bank account details to be linked to the Insignis cash platform (the “Linked” account). The account must be in the name of the school. Deposits and withdrawals to and from the cash platform can only be made via this bank account.

Bank/Building Society name:

Name on account:

Account Number:

Sort Code:

- -

IBAN/SWIFT (if applicable):

SECTION 8: CONNECTED PERSONS

Please provide the details of the person who is to be the primary contact (8A) with Insignis and the school's Key Controllers (8B). By Key Controllers, we are referring to the persons who have been elected or appointed to exercise direct control over the school by participating in the governance of the school or taking part in senior executive activities. Typically, Key Controllers will be the persons responsible for setting the strategic direction of the school or sit on an executive committee.

8A: PRIMARY CONTACT

Full name:

Date of birth:

/ /

Position:

Telephone number:

Email address:

Preferred method of contact:

Telephone

Email

8A: KEY CONTROLLERS

Please provide details of at least two individuals from the governing body who are considered key decision makers.

Full name:

Position:

Date of birth:

/ /

Address:

Telephone number:

Full name:

Position:

Date of birth:

/ /

Address:

Telephone number:

8C: 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 to open an account in the school's name and authorise Insignis 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 governing body or other management committee of the school and a copy of the decision will be provided to Insignis.

Authority to Transact

Where Dual Authorisation is selected please confirm below whether the Account Operator will be a Requestor 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

Name:
Email address:
Mobile number:

Requester

Approver

Name:
Email address:
Mobile number:

Requester

Approver

Dual Authorisation

Name:
Email address:
Mobile number:

Requester

Approver

Name:
Email address:
Mobile number:

Requester

Approver

Please note that all Account Operators must complete an Additional Signatories Form; this is available for digital completion. Please email nfp@insigniscash.com for further information.

8D: VIEW-ONLY ACCESS

You can appoint individuals to have view-only access to the Insignis cash platform. These individuals are not permitted to request or approve transactions. There is no limit on the number of individuals who can be granted view-only access.

Please use the free text field in Section 10 to provide additional details should more space be required.

Full name:
Date of birth:
Email address:
Mobile number:

/ /

Full name:
Date of birth:
Email address:
Mobile number:

/ /

SECTION 9: TERMS AND CONDITIONS

1. I/we hereby apply to Insignis to open a hub account to enable us to manage our initial deposit and subsequent deposits using the services as described in the Insignis customer terms and conditions.
2. I/we have read, understood and accept the clauses of the Insignis 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 complaints procedure or have been directed to the complaints section on the Insignis website and confirm I/we have understood the requirements and procedures for complaints.
5. I/we have read and understood the Insignis privacy policy and give consent to Insignis to conduct background and due diligence checks, including using my/our personal data as relevant
6. I/we authorise to apply to Insignis and confirm that the named persons in this application form have the relevant authority to act on behalf of the school in the opening and operation of this hub account. I declare that the information provided on this form is, to the best of my/our knowledge and belief, accurate and complete.
7. I/we agree to notify Insignis 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](#)

This application form must be signed by up to 2 Key Controllers (e.g., two Trustees).

Signatory 1.

Name:

Signature:

Date:

Signatory 2.

Name:

Signature:

Date:

25% of your Insignis fees from the date of opening for 12-months will be rebated to you.
Your fees are refunded quarterly in arrears to your main Trust bank account.

