

Report Title: **Changes to Bank Signatories.**

Report of: **David Loudfoot, General Manager**

1. Purpose

1.1 To seek approval for a change to the bank mandate.

2. Recommendations

2.1 The Board nominate two trustees as secondary signatures to the charity bank account and agree the formal changes to the bank mandate.

Report Authorised by: **David Loudfoot, General Manager**.....

Contact Officer: **David Loudfoot, General Manager, Alexandra Palace & Park, Alexandra Palace Way, Wood Green N22 7AY Tel No. 020 8365 2121**

3. Executive Summary

3.1 The Board has previously nominated two trustees to act as secondary signatures on the charity bank account. These have been the Chair and Deputy chair in the past. In light of the changes arising from the elections at the local authority annual meeting a change in the signatories is now required.

4. Reasons for any change in policy or for new policy development (if applicable)

4.1 N/A

5. Local Government (Access to Information) Act 1985

5.1 No specific background papers were used in compiling this report. For further information contact David Loudfoot, General Manager, Alexandra Palace, Alexandra Palace Way, Wood Green N22 7AY Tel: 020 8365 2121.

6. Description

Changes to the Bank Mandate

- 6.1 The bank mandate contains details of the signatories for the charity bank account with cheques/instructions for less than £5,000 requiring a single signature and those over £5,000 requiring two signatures. The officer signatory is the General Manager and it is necessary to appoint two secondary signatures from amongst the board of trustees.
- 6.2 The previous authorised board signatories have been Councillors Adje and Egan as Chair and Deputy Chair. It is proposed that Councillor Cooke, subject to his personal agreement, becomes the replacement signatory for Councillor Adje with Councillor Egan remaining.
- 6.3 If Councillor Cooke agrees to such nomination then confirmation of address through original identifying documents will be required to satisfy the bank requirements for the Financial Services Authority, Proceeds of Crime Act, Anti-Money Laundering Regulations and the Data Protection Act.

7. Consultation

- 7.1 No specific consultation is required.

8. Summary and Conclusions

- 8.1 The current bank mandates require two signatures for cheques over £5,000 in value and for authorising changes to the charity bank account.

9. Recommendations

- 9.1 The board nominate and authorise, subject to their agreement, the Chair and Deputy Chair to sign cheques and bank authorities on behalf of the charity.

10. Legal and Financial Implications

- 10.1 The Trust Solicitor and Acting Director of Finance have been sent copies of this report.

11. Equalities Implications

- 12.1 There are no specific equalities implications which arise from the recommendations contained within this report

12. Use of Appendices/Tables/Photographs

- 12.1 Copy "Change of Business Account Signatories Mandate".

change of business account signatories mandate

To be completed by all Key Account Parties:

- **Signatories**
- **Members**
- **Directors**
- **Beneficial Owners**
- **Third Parties**
- **Shareholders – with 20% or more shareholding**

1) Important Information – change of Signatories on Non Personal Accounts

All banks are regulated by the Financial Services Authority (FSA) and are subject to the Proceeds of Crime Act, Anti-Money Laundering Regulations and the Data Protection Act. In order that we can comply with these obligations, we make enquiries with credit reference agencies. As a minimum, we are obliged to confirm the identity and residential address of all Key Account Parties (Key Account Parties should be the people responsible for the business such as the Proprietor, Partners, Directors, Members or Third Parties). Therefore, we must obtain identification and verification documentation from each individual Key Account Party, as specified below, before providing business banking facilities:

All Key Account Parties and third parties to the account must provide two different documents – one from each list:

List A – Proof of Identity

Current signed passport Only black and white copies accepted	It must be an original document that has not expired and bears a photograph of the applicant and the same name and signature as that on the application.
Current EU / UK Full or Provisional photo-card driving licence	It must be an original document that bears a photograph of the applicant and the same name, address and signature as that on the application.
Current full UK driving licence (old version)	It must be an original document that bears the same name, address and signature as that on the application. Old style provisional licences will not be accepted.
Inland Revenue Tax Notification	An original document for the current tax year that bears the same name, address and initials as that on the application.
Benefit book within expiry date or original notification letter from the Benefits Agency confirming the right to benefits or state pension (Pink card BR464 issued by the benefits agency on request to prove state retirement pension is paid directly into a bank account).	An original document or certified copy that bears the same name and address details as those on the account opening documentation.
Recent systems-generated or signed documentation from a regulated financial sector firm (e.g. Bank/Building Society statement, Insurance certificate or pensions/Investment Account statement) indicating that an account, investment or insurance relationship exists.	An original document or certified copy, (dated within the last 6 months), that has the same name and home address as that quoted on the account opening documentation. The letter needs to quote the customers account number/policy number etc; general marketing letters without account numbers are not acceptable. Note: Internet downloads are not acceptable unless verified and stamped by the service provider e.g. IF = Halifax, Cahoot = Abbey National. This document can only be taken as secondary identification (i.e. to support any POI listed above) if accompanied by another primary identification document.

List B – Proof of Address

Current EU / UK Full or Provisional photo-card driving licence	Only acceptable if not used as evidence of name. It must be an original document that bears a photograph of the applicant and the same name, address and signature as that on the application.
Current full UK driving licence (old version)	Only acceptable if not used as evidence of name. It must be an original document that bears the same name, address and signature as that on the application. Old style provisional licences will not be accepted.
Recent utility bill or utility statement	An original document that has the same name, address and initials as that quoted on the application and is not more than 6 months old (Note: mobile telephone bills are not acceptable).
Local Authority tax bill	An original document that has the same name, address and initials as that quoted on the application and is valid for the current year.
Recent systems-generated or signed documentation from a regulated financial sector firm (e.g. Bank/Building Society statement, Insurance certificate or pensions/Investment Account statement) indicating that an account, investment or insurance relationship exists.	An original document or certified copy, (dated within the last 6 months), that has the same name and home address as that quoted on the account opening documentation. The letter needs to quote the customers account number/policy number etc; general marketing letters without account numbers are not acceptable. Note: Internet downloads are not acceptable unless verified and stamped by the service provider e.g. IF = Halifax, Cahoot = Abbey National.
Mortgage statement or letter confirming interest rate changes.	The most recent original statement or interest rate confirmation letter, or certified copy, (dated within the last 12 months) from a regulated financial lender bearing the same name and address as that on the account opening documentation.
Inland Revenue Tax Notification	An original document for the current tax year that bears the same name, address and initials as that on the application. Only acceptable if not used as evidence of name.

The documents highlighted will only be accepted face to face – where we meet you in person prior to account being opened.

Where there is no face to face contact, and to guard against postal theft, then copies certified by a UK lawyer, banker, authorised financial intermediary, Mortgage Code Compliance Board regulated mortgage broker, accountant, teacher, doctor, minister of religion or post master/sub-post master will be accepted. The person undertaking the certification must be capable of being contacted if necessary (not by mobile telephone).

Certified copies of identification evidence should be dated, and signed "original seen" with full details of the person that has certified the copies given. In situations where a good reproduction of photographic evidence of identity cannot be achieved, the copy should be certified as providing a good likeness of the applicant.

In addition to the requirements above, please provide the following information where relevant.

Limited Companies must also provide:

- For new Directors we require a copy of 288a's and if a Director is to be removed as a signatory we require a copy of 288b.

Schools, Unincorporated Associations, Clubs, Charities, Voluntary Organisations, Societies and any other Legal Entity or Organisation must also provide:

- A certified copy of the Organisation's Rules or Constitution, or Memorandum and Articles of Association where any changes have been made.

Trusts must also provide:

- A certified copy of the relevant Trust Deed where any amendments have been made.

IMPORTANT

- All documents must be original.
- Only black and white copies of passports accepted.
- Address documents must be no more than 3 months old.
- Non face to face applicants – Certified copies of identity documents are acceptable.
- Failure to enclose the required documentation will result in a delay in processing your application.
- Additional information will be requested by the Bank if no/insufficient records are found by searches.

**Should you require any assistance when completing your forms please contact a Customer Service Adviser
FREE on 08457 213 213*.**

2) General Information Required

If there is more than one account that requires the signatories to be amended, if the signatories and the signing authorities on all the accounts are the same, complete this form for all the accounts.

If there is more than one account that requires the signatories to be amended, if the signatories or the signing authorities on any of the accounts are different, a separate form should be completed for the account(s) with different signatories or signing authorities.

Company/Organisation name

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Please list all account numbers to which these amendments are to apply.

Sort code

		-			-		
		-			-		
		-			-		
		-			-		
		-			-		

Account number

Account type

Correspondence address

Title

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Forename

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Second initial(s)

--

Surname

--

Position

--

Address

Postcode

Telephone number

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Fax number

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Email address

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- ☐ If your request includes the deletion of a signatory, your pass number will also be deleted for security reasons. Therefore, please complete the enclosed Business Registration Form, so that we can load a new pass number on your account.
- ☐ Where you have encashment facilities in place, please confirm if you wish the existing arrangements to remain the same. However, if you would like to change the arrangement, please indicate the name and address of the location to be used on this Change of Signatories Mandate.

If encashment facilities are held, please state name of Bank/Branch below

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Frequency, e.g. weekly/monthly

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Limit

£	
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3) Declaration – please complete Section (A), (B), (C) or (D) depending on your business type

(A) Limited Companies, Limited Liability Partnerships, Schools, Unincorporated Associations, Clubs, Charities, Voluntary Organisations, Societies, Trusts (all Trustees must sign) and any other Legal Entity or Organisation (the "Business").

Certified Copy of Resolutions

Made by the Organisation named in Section (2).

The following resolutions were passed at a meeting of the Directors/Committee held on

Date

It was resolved that:

- The Co-operative Bank p.l.c. ("the Bank") shall continue as our bankers.
- The Bank shall be authorised to honour all cheques and all other documents made or accepted on our behalf even if such payment causes any Accounts to be overdrawn or increase any existing overdraft, provided that such documents are signed in accordance with the specimen signatures shown in the Account Signatories Section (6)
- The Bank shall act on all specimen signatures in accordance with any instruction, notice, request or other document in writing concerning our account (including the opening of new accounts), affairs or property, as shown in the Account Signatories Section (6);
- The Bank shall be sent a copy of any future resolutions which affect the terms of these resolutions;
- The Bank shall be sent a copy of any changes in our Constitution/Rules/Memorandum and Articles of Association/Regulations or Bye Laws; †
- The Bank shall be notified in writing of any change of Directors/Partners/Governors/Members/Trustees; †
- The Bank shall be notified in writing of any change of official authorised to sign on our behalf;
- The Bank shall otherwise continue to operate our Account(s) in accordance with the Business Account Mandate.
- The Bank shall be notified in writing of any overall change of control in the business.
- All signatories to the Account are aged 18 or over.

It is certified that these resolutions have been recorded in the minute book and signed by the Chairman and that the specimen signatures shown in the Account Signatories Section (6) are correct.

Signature



Date

(Chairman's signature or signature of a person who is a member of the Board of Directors/Trustees or Committee and who is authorised by the Constitution/Rules/Memorandum and Articles of Association, Regulations or Bye Laws to sign on behalf of and bind the "Business".)

Signature



Date

Secretary's signature or signature of a person who is a member of the Board of Directors/Governors/Trustees or Committee and who is authorised by the Constitution/Rules/Memorandum and Articles of Association, Regulations or Bye Laws to sign on behalf of and bind the "Business".)

† Delete as appropriate

(B) For Sole Traders converting to Partnerships

Details of how the Account(s) is/are conducted may be recorded with one or more credit reference agencies and may be shared with and used by other lenders for the purpose of assessing further applications from you (including all partners) and members of your household (including all partners) and for occasional debt tracing or fraud prevention. The Bank will hold and process the information you provide and may use it to assess the suitability of your application using the technique known as "Credit Scoring".

We the Partners of the firm:

(the "Business")

Authorise The Co-operative Bank p.l.c. (the "Bank") to:

- Act as our Bankers
- The Bank shall be authorised to honour all cheques and all other documents made or accepted on our behalf even if such payment causes any Accounts to be overdrawn or increase any existing overdraft, provided that such documents are signed in accordance with the specimen signatures shown in the Account Signatories Section (6)
- The Bank shall act on all specimen signatures in accordance with any instruction, notice, request or other document in writing concerning our Account (including the opening of new accounts), affairs or property, as shown in the Account Signatories Section (6)
- The Bank shall be sent a copy of any changes to our Partnership Agreement (if applicable)
- The Bank shall be notified in writing of any change of Partner(s) (any new signatories will be subject to FSA requirements).

We agree:

- That the information provided in this mandate form is true & correct
- All signatories to the account are aged 18 or over

Name of Sole Trader

Signature

Date

Name of new Partner

Signature

Date

Name of new Partner

Signature

Date

Name of new Partner

Signature

Date

(C) Additional Partner(s) to Partnership

The following resolutions were passed at a Partners meeting held on Date

We the Partners of the firm:

(the "Business")

It was resolved that:

- The Co-operative Bank p.l.c. ("the Bank") shall continue to act as our Bankers
- The Bank shall be authorised to honour all cheques and all other documents made or accepted on our behalf even if such payment causes any Accounts to be overdrawn or increase any existing overdraft, provided that such documents are signed in accordance with the specimen signatures shown in the Account Signatories Section (6)
- The Bank shall act on all specimen signatures in accordance with any instruction, notice, request or other document in writing concerning our Account (including the opening of new accounts), affairs or property, as shown in the Account Signatories Section (6)
- The Bank shall be sent a copy of any changes to our Partnership Agreement (if applicable)
- The Bank shall be notified in writing of any change of Partner(s) (any new signatories will be subject to FSA requirements)
- The Bank shall otherwise continue to operate our Account(s) in accordance with the Business Account Mandate
- All signatories to the account are aged 18 or over

It is certified that these resolutions have been recorded in the minute book and signed by the Senior/Managing Partner[†] and that the specimen signatories shown in the Account Signatories Section (6) are correct.

Signature

Senior/Managing Partner[†] who is authorised to sign on behalf of the Partnership

Partner name

Signature

Date

Partner name

Signature

Date

Partner name

Signature

Date

Partner name

Signature

Date

[†]Delete as appropriate

(D) Partnership Disclaimer for outgoing Partners

Sections (i) and (ii) to be completed by outgoing Partner(s). Section (iii) to be completed by remaining Partner(s).

Account name

Account number

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(i) Waiver

I/We confirm that I am/we are no longer party to the above Account and have no call on any credit monies at the date of my/our removal as a signatory to the Account.

(ii) Disclaimer

I/We confirm that all plastics in my/our possession have been destroyed or are returned herewith.

(1) Name

Signature



Date

(2) Name

Signature



Date

(3) Name

Signature



Date

(4) Name

Signature



Date

(iii) I/We agree that all standing orders and direct debits currently held on the Account should remain and be paid.

(1) Name

Signature



Date

(2) Name

Signature



Date

(3) Name

Signature



Date

(4) Name

Signature



Date

†Delete as appropriate

(E) Authority for Third Party to Draw on Account

To be completed by Sole Traders or Partnerships who wish to add a Third Party to an Account.

Account

Branch

Sort Code

			-				-			
--	--	--	---	--	--	--	---	--	--	--

Account Number

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To: The Co-operative Bank p.l.c.,

†I/We authorise and request you until you receive written notice from me/any one of us to the contrary to treat and consider

Full name of authorised third party in BLOCK CAPITALS

(whose signature appears below) as fully empowered by me/us and on my/our behalf:

- †1. To draw, sign and endorse cheques and other orders for payment on my/our Account(s) with you.
- †2. To draw, sign, accept and endorse bills of exchange and promissory notices on my/our Account(s) with you.
- †3. To receive cheques, statements and other vouchers relating to my/our Account(s) with you.
- †4. To withdraw all or any of my/our securities, documents, or other property or anything else held by you by way of security or for safe custody collection or any other purpose whatsoever on my/our Account(s).
- †5. To arrange terms with you for the negotiation or discount of any documents.
- †6. To negotiate with you for and take advances whether by way of loan, overdraft discount or otherwise with or without security.
- †7. To charge, pledge and deposit with you any of my/our property upon such terms as you may require to secure the payment or discharge to you on demand of all monies and liabilities which shall for the time being (and whether on or at time after such demand) be due owing or incurred to you by me/us whether actually or contingently and whether solely or jointly with any other person and whether as principal or surety including interest discount commission and other banking charges.
- †8. Generally to act on my/our behalf in all transactions and matters of business with you and to comply fully with any Account Terms and Conditions and security requirements you may operate in connection with my/our Account(s) with you now or in the future.
- †9. To pay all interest arising on the above Account to the person whose name and signature appear below as the beneficiary of this Third Party Mandate.

And I/we request you to act on the above instructions and in particular to pay and honour all such cheques orders bills, notes or requests as abovementioned notwithstanding that any such payment may cause my/our said Account(s) to be overdrawn or may increase any existing overdraft.

And I/we hereby agree that all acts matters and things done under or in pursuance hereof after the death, of my/any one of us shall be binding upon the executors or administrators of and all other persons claiming through or under me/any one of us unless written notice of such death shall have been previously received by you.

†Delete to limit authority as required

Usual signature of authorised third party

Date

Signature(s) of Account holder(s). These must be signed in accordance with your current signing arrangement as detailed in Account Signatories Section (6).

(1) Name

Signature

Date

(2) Name

Signature

Date

(3) Name

Signature

Date

(4) Name

Signature

Date

4) Personal details – Key Account Parties

(1) Title

Forename (in full)

Middle Name(s)

Surname

Any other name(s) you have been known as during the last 6 years

Date of birth

Nationality

Position

DD MM YYYY

Who do you bank with?

Please quote your branch sort code and account number

Sort Code

Account Number

Home address

Postcode

Time at this address

Years

Months

Previous home address (if moved within the last three years)

Postcode

Time at this address

Years

Months

Home telephone number

Mobile telephone number

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search and make other enquiries the Bank believes necessary to confirm the details on this form and for credit assessment. Additional information will be requested by the Bank if no/insufficient records are found by searches.

I enclose original documentation to verify my proof of address and identity as stipulated in Section (1) of this mandate (new to Bank Signatories only).

Please also complete the Account Signatories Section (6) if you wish to be a signatory on the account. ←

Signature

Date



(2) Title

Forename (in full)

Middle Name(s)

Surname

Any other name(s) you have been known as during the last 6 years

Date of birth

Nationality

Position

DD MM YYYY

Who do you bank with?

Please quote your branch sort code and account number

Sort Code

Account Number

Home address

Postcode

Time at this address

Years

Months

Previous home address (if moved within the last three years)

Postcode

Time at this address

Years

Months

Home telephone number

Mobile telephone number

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search and make other enquiries the Bank believes necessary to confirm the details on this form and for credit assessment. Additional information will be requested by the Bank if no/insufficient records are found by searches.

I enclose original documentation to verify my proof of address and identity as stipulated in Section (1) of this mandate (new to Bank Signatories only).

Please also complete the Account Signatories Section (6) if you wish to be a signatory on the account. ←

Signature

Date



5) Additional Stakeholders

Tell us about other beneficial owners and principal controllers who have not been detailed in the Key Account Parties Section (4). Under the UK Anti-Money Laundering Regulations we are required to verify the identity and permanent address of ALL beneficial owners and principal controllers of a business. These could be individuals or entities with 20% or more shareholding, individuals or entities supplying significant capital, financial support, influence or control. If there are no further individuals other than those detailed in the Key Account Parties Section (4) who hold significant influence or have 20% or more shareholding, please complete Section (A) below. If there are individuals other than those detailed in the Key Account Parties Section (4), please arrange for them to complete Section (B) below. If there are entities with significant influence or 20% or more shareholding, please arrange for them to complete Section (C) overleaf.

NB. If there is more than one person who has significant influence or 20% or more shareholding over the business please use a copy of this section of the form to supply their information.

(A) IF THERE ARE NO INDIVIDUALS OR ENTITIES WITH SIGNIFICANT INFLUENCE OR 20% OR MORE SHAREHOLDING

To be signed by any signatory as detailed in Section (6)

I confirm that there are no other individuals or entities who hold significant influence over the Business or have 20% or more shareholding, other than the names supplied in Section (4).

Signature

Date

NB. If checks completed by the Bank reveal other individuals or entities with interest or influence, we will require identification & verification documentation from them to enable us to complete the processing of the application.

(B) INDIVIDUALS WITH SIGNIFICANT INFLUENCE OR 20% OR MORE SHAREHOLDING

Title	Forename (in full)	Middle Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other name(s) you have been known as during the last 6 years	Date of birth	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Position	DD MM YYYY	Who do you bank with?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please quote your branch sort code and account number		Account Number	
Sort Code		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Home address		Previous home address (if moved within the last three years)	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Postcode		Postcode	
Time at this address		Time at this address	
<input type="text"/>		<input type="text"/>	
Years Months		Years Months	

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search and make other enquiries the Bank believes necessary to confirm the details on this form and for credit assessment. Additional information may be requested by the Bank if no/insufficient records are found by searches.

I enclose original documentation to verify my proof of address and identity as stipulated in Section (1) of this Mandate.

Please also complete the Account Signatories Section (6) if you wish to be a signatory on the account.

Signature

Date

Additional Stakeholders – Entities

(C) ENTITIES WITH SIGNIFICANT INFLUENCE OR 20% OR MORE SHAREHOLDING

NB. If there is more than one entity with significant influence or 20% or more shareholding over the Business please use a copy of this section of the form to supply their information.

Business/Organisation name

Registered address of organisation

Company number (if applicable)

Postcode

(i) KEY ACCOUNT PARTIES TO ABOVE NAMED ENTITY

Title Forename (in full) Middle Name(s) Surname Date of birth
DD MM YYYY

Any other name(s) you have been known as during the last 6 years

Nationality

Position

Who do you bank with?

Please quote your branch sort code and account number

Sort Code

Account Number

Home address

Previous home address (if moved within the last three years)

Postcode

Postcode

Time at this address

Years

Months

Time at this address

Years

Months

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search and make other enquiries the Bank believes necessary to confirm the details on this form and for credit assessment. Additional information may be requested by the Bank if no/insufficient records are found by searches.

I enclose original documentation to verify my proof of address and identity as stipulated in Section (1) of this Mandate.

Signature

Date

(ii) KEY ACCOUNT PARTIES TO ABOVE NAMED ENTITY

Title Forename (in full) Middle Name(s) Surname Date of birth
DD MM YYYY

Any other name(s) you have been known as during the last 6 years

Nationality

Position

Who do you bank with?

Please quote your branch sort code and account number

Sort Code

Account Number

Home address

Previous home address (if moved within the last three years)

Postcode

Postcode

Time at this address

Years

Months

Time at this address

Years

Months

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search and make other enquiries the Bank believes necessary to confirm the details on this form and for credit assessment. Additional information may be requested by the Bank if no/insufficient records are found by searches.

I enclose original documentation to verify my proof of address and identity as stipulated in Section (1) of this Mandate.

Signature

Date

6) Account Signatories

Please complete the section below in black ink and **BLOCK CAPITALS**, with all new and current/continuing signatories providing relevant details: Only those signing below will be loaded as signatories to the account:

Sort code

Account number

Account type

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--	--

Please tick the level of signing authority required when making a request or giving an instruction etc:

7

7

7

Other combination please specify:

The information on this form may be used for administrative and marketing purposes such as identifying other products and services which may be of interest to you (in the case of a corporate body this includes all directors, committee members, trustees etc). These may be offered by letter, telephone or other means of communication by the Bank, its associates or other carefully selected organisations and companies.

If you do not wish to receive such information please tick this box. ☐







Important – Please ensure all signatures remain in the boxes provided – for example:

A.N. Other

Name _____

Signature

Position

Title		Forename(s)		Signature		Position	
							
							
							
							
							
							

To be completed by all Outgoing Signatories according to current Co-operative Bank records.

We hereby certify that the specimen signatures given are correct and that the new signatories are duly authorised to sign on behalf of the Business in accordance with the signing authorities specified in this mandate.

Signature

Signature

Signature

Signature

The COOPERATIVE BANK
Customer led, ethically guided

The Co-operative Bank p.l.c., Head Office,
P.O. Box 101, 1 Balloon Street, Manchester M60 4EP.
www.co-operativebank.co.uk

002

The Co-operative Bank is authorised and regulated by the Financial Services Authority (No.121885) and the Office of Fair Trading (No.006110).
The Co-operative Bank subscribes to the Business Banking Code and is a member of the Financial Ombudsman Service.



Printed on 100% recycled paper from post consumer waste using a totally chlorine-free process

COSMAN/01/06