Tisbury Road Offices
Hove Town Hall
Tisbury Road
Hove
BN3 3BQ
Tel: 0300 303 3188
info@wavecb.org.uk
www.wavecb.org.uk

# Application for Business Membership

Organisations such as businesses, charities, and voluntary groups can become corporate members, place sums on deposit with Wave Community Bank in order to help the local community.

If you would like to open a Business Membership account, please complete a Business Membership form below.

Please complete in BLOCK CAPITALS using BLACK or BLUE ink.

## Section A: Information about Your Organisation

**Full Name of Organisation:** As shown on your governing papers

**Key Contact for Communication:** Full name

**Correspondence Address:**

Post Code:

**Registered address** (if different from above):

Post Code:

Tel no:

Email:

Mobile no:

Website:

**Legal Status:** Please confirm the status of your organisation by ticking one of these boxes:

Company registered in England & Wales pursuant to the Companies Act ☐
Company registered in Scotland pursuant to the Companies Act ☐
Charitable Incorporated Organisation (CIO) ☐
Unincorporated Organisation ☐
Industrial & Provident Society ☐
Charity registered in Great Britain ☐
Other (please specify)

Does your organisation have a governing or regulatory body? If yes state which:

If your organisation is a company incorporated to the Companies Act please provide the company registration no: If your organisation is an Industrial & Provident Society please provide the company registration no:

If your organisation is a registered Charity please provide your charity registration no:

If your organisation is regulated by the FSA please provide your Firm Reference No (FRN):

**What does your organisation do?** Please describe the main activity of your organisation:

## **Section B:** Information about the person acting as the authority on behalf of your organisation*

Title: | Full Name: | Date of Birth:

Email:

Current Address:

Post Code: Length of Time at Address: Years Months

If less than 3 years please provide previous address below. Please continue on another sheet if necessary:

Post Length of Time at Address: Years Month

Tel no: | Are you a member of WCB? If yes please provide membership no:

Position in organisation (please circle): Owner/Partner/Director/Company Secretary/Other (please specify):

When were you appointed to this role? Month Year

Usual Signature:

*If you are an incorporated body this person will be known as the *Corporate Representative.* If you are an unincorporated partnership this person will be known as the *Designated Representative*.

## **Section B:** Information about the second authorised signatory (not applicable to single officer incorporated companies)

Title: | Full Name: | Date of Birth:

Email:

Current Address:

Post Code: Length of Time at Address: Years Months

If less than 3 years please provide previous address below. Please continue on another sheet if necessary:

Post Length of Time at Address: Years Month

Tel no: | Are you a member of WCB? If yes please provide membership no:

Position in organisation (please circle): Owner/Partner/Director/Company Secretary/Other (please specify):

When were you appointed to this role? Month Year

Usual Signature:

## Section C: Resolution

**To Wave Community Bank**

We confirm that at a properly convened meeting it was resolved that:

1. We wish to open an account with Wave Community Bank and in doing so agree to abide by the social object, rules, policies and procedures of Wave Community Bank.
2. The individual(s) representing our organisation have complete all required personal details and agrees to provide identification documentation according to the requirements of Wave Community Bank.
3. Wave Community Bank will rely on the appointed representative(s) unless it receives written confirmation of changes to representatives
4. To provide Wave Community Bank with the following documents as indicated below.

**Supporting documentation**

- All organisations
  *Identification documents of individual signatories*
- All limited companies including partnerships or registered charities limited by guarantee or shares, credit unions, and co-operatives registered as Industrial & Provident Societies.
  *A copy of the company's Certificate of Incorporation together with a copy of the Memorandum and Articles of Association, or if an Industrial & Provident Society a copy of the Registration Certificates and Rules. If a registered charity a copy of the registration documents*
- Trusts
  *A copy of the Trust Deed*
- Unincorporated bodies, unincorporated charities, societies, clubs, community groups
  *A copy of the constitution*

## Declaration (two signatures required*)

We certify the above Resolution is a true copy of the resolution passed at the meeting held on (date):

**On Behalf of the Governing Body:**

| Title: | Full Name: | Date of Birth: |
|---|---|---|
| Email: | | |
| Position in Organisation: | Usual Signature: | |

**On Behalf of the Governing Body:**

| Title: | Full Name: | Date of Birth: |
|---|---|---|
| Email: | | |
| Position in Organisation: | Usual Signature: | |

***Only one needed if single officer incorporated company.**

**Write 'Single Officer Inc Co' in the 2nd signatory box.**

**Anti-Money Laundering guidance requires that we obtain details of all shareholders, directors or beneficial owners holding more than 25% of shares in the organisation who are not signatories. Please complete the details below and continue on a separate sheet if necessary.**

## Section D: Supplemental Information #1

Title: | Full Name: | Date of Birth:

Email:

Current Address:

Post Code: Length of Time at Address: Years Months

If less than 3 years please provide previous address below. Please continue on another sheet if necessary:

Post Length of Time at Address: Year Month

Tel no: | Are you a member of WCB? If yes please provide membership no:

Position in organisation (please circle): Owner/Partner/Director/Company Secretary/Other (please specify):

When were you appointed to this role? Month Year

Usual Signature:

## Section D: Supplemental Information #2

Title: | Full Name: | Date of Birth:

Email:

Current Address:

Post Code: Length of Time at Address: Years Months

If less than 3 years please provide previous address below. Please continue on another sheet if necessary:

Post Length of Time at Address: Years Month

Tel no: | Are you a member of WCB? If yes please provide membership no:

Position in organisation (please circle): Owner/Partner/Director/Company Secretary/Other (please specify):

When were you appointed to this role? Month Year

Usual Signature:

**Your Declaration to Wave Community Bank:**

We apply for the membership and agree to abide by the rules of East Sussex Credit Union.

We agree to supply an initial deposit of £……. (Minimum £6) and understand that the joining fee will be deducted from this or the first deposit/payment.

Wave Community Bank is the controller of your personal data which we will use in order to open, administer and run your account. You hereby consent to us accessing, processing, and retaining any information you provide to us, for the purposes of providing services to you and to comply with our legal and regulatory obligations. Your personal details are always treated confidentially, stored securely and will only be shared for purposes of identity & fraud checks with credit reference and identity checking agencies. For further information about how we will use your personal data, please view our full Privacy Notice, including your data rights can be found at www.wavecb.org.uk/privacy-policy or a copy can be requested by email info@wavecb.org.uk or by telephoning 0300 303 3188. You may withdraw your consent to the use of this data by closing your account.

Signed: Date:

# Privacy & Marketing Preferences

Here at Wave Community Bank, we take your privacy seriously and will only use your personal information to administer your accounts and to provide the products and services you have requested from us.

However, from time to time we would like to contact you with details of other services and products we provide, and tell you about the work we are doing in the community. If you consent to us contacting you for these purposes, please tick to say how you would like us to contact you:

| **Email** | | **Text Message** | | **Telephone** | | **Automated telephone** | | **Postal** | |
|---|---|---|---|---|---|---|---|---|---|

We will never sell your data and we promise to keep your details safe and secure. You can change your mind about the above preferences at any time by visiting our website and completing the marketing preferences form in the member area. For further information on how we store your data please read our Privacy Policy on our website.

| **Basic information about the protection of your eligible deposits** | |
|---|---|
| Eligible deposits in [insert name of *firm*] are protected by: | the Financial Services Compensation Scheme ("FSCS")[1] |
| Limit of protection: | £120,000 per depositor per bank / building society / credit union[2]<br><br>The following trading names are part of your credit union: East Sussex Credit Union t/a Wave Community Bank |
| If you have more eligible deposits at the same bank / building society / credit union: | All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £120,000.[2] |
| If you have a joint account with other person(s): | The limit of £120,000 applies to each depositor |
| Reimbursement period in case of bank, building society or credit union's failure: | 20 working days[4] |
| Currency of reimbursement: | Pound sterling (GBP, £) |
| To contact [insert name of *firm*] for enquiries relating to your account:<br><br>To contact the FSCS for further information on compensation: | Wave Community Bank<br>Tel: 0300 303 3188 email info@wavecb.org.uk<br><br>Financial Services Compensation Scheme 10th Floor Beaufort House<br>15 St Botolph Street London<br>EC3A 7QU<br><br>Tel: 0800 678 1100 or 020 7741 4100 |
| More information: | http://www.fscs.org.uk |

**Additional information (all or some of the below)**

*Scheme responsible for the protection of your eligible deposit*

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £120,000 by the Deposit Guarantee Scheme.

*General limit of protection*

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £120,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £110,000 and a current account with £20,000, he or she will only be repaid £120,000.

This method will also be applied if a bank, building society or credit union operates under different trading names. East Sussex Credit Union also trades under Wave Community Bank. This means that all eligible deposits with one or more of these trading names are in total covered up to £120,000.

In some cases, eligible deposits which are categorised as "temporary high balances" are protected above £120,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

(a) certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
(b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
(c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under http://www.fscs.org.uk

*Limit of protection for joint accounts*

In case of joint accounts, the limit of £120,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £120,000.

Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £120,000) within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under http://www.fscs.org.uk.

*Other important information*

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.