

Business Account Number _____

Business Sort Code _____

RESPONSE SLIP

Guidelines on completing this form:

Step 1: Select two separate documents, one from each of the lists on the following page to confirm your identity and to confirm your address. It is important that you select a different document from each table.

Step 2: Take your original documents and the photocopies to be certified. Certifiers must be currently active in their profession and cannot be retired. Please be aware that we may contact this person for further verification. The person signing cannot be a relative or family member, or someone residing with you at your address, or someone who works at your organisation.

The following professionals are acceptable certifiers

Accountant	Minister of a recognised religion - including Christian science
Airline pilot	Nurse - RGN or RMN
Barrister	Officer of the armed services
Chairman/director of limited company	Optician
Commissioner of oaths	Paralegal - certified paralegal, qualified paralegal or associate member of the Institute of Paralegals
Councillor – e.g. local or county	Person with honours - egg an OBE or MBE
Civil servant (permanent)	Pharmacist
Doctor	Police officer
Financial services intermediary – e.g. a stockbroker or insurance broker	Post Office official
Fire service official	Salvation army officer
Funeral director	Solicitor
Judge	Surveyor
Justice of the peace	Teacher, lecturer
Legal secretary - fellow or associate member of the Institute of legal secretaries and PAs	Trade union officer
Local government officer	Valuer or auctioneer - fellows and associate members of the incorporated society
Member of parliament	Warrant officer or chief petty officer
Merchant navy officer	

Step 3: On each photocopy of the document the certifier **must** write the following:

'I, <Name of certifier> confirm this is an accurate copy of the original'

And add the following:

Certifier's signature and full name printed alongside
 Certifier's occupation, company/professional address and telephone number
 Certifier's professional registration number where applicable
 The date on which the document is certified

or for documents containing a photo:

'I <Name of certifier> confirm that this is an accurate copy of the original and the photo is a true likeness of the person concerned'

And add the following:

Certifier's signature and full name printed alongside
Certifier's occupation, company/professional address and telephone number
Certifier's professional registration number where applicable
The date on which the document is certified

Please note, attaching a business card is not acceptable; the certifier must write their details on both certified documents.

Step 4: Send the certified copied documents back to us along with all relevant form below.

IMPORTANT:

- Please tick one box in the identity documents table and one box in the address documents table to indicate which document you are sending to us. You must send a different document from each table.
- Only send certified photocopies - do not send in your original documents.
- We cannot accept electronic/internet generated copies of statements.
- Please ensure you enclose this Response Slip with your documents in the pre-paid envelope provided. You may need to return a number of Response Slips and documents for different individuals in your business. These can be returned in the same envelope.

IDENTITY DOCUMENTS

Please select and send ONE document from the table below:

IMPORTANT: If selecting a document other than a passport, National ID card or UK photocard driving licence, the document must contain your full first forename and surname.

- ☐ Passport – full and not expired
- ☐ Driving Licence – current full or Provisional UK photo card driving licence and not expired
- ☐ Driving Licence – current full UK paper driving licence and not expired (old style)
- ☐ HM Revenue & Customs tax notification – dated within last four months
- ☐ Benefits Agency letter (Department of Work and Pensions, Jobcentre Plus, Child Benefit Office, Veterans Agency) confirming your rights to benefits - dated within last four months
- ☐ Current National Identity Card (only acceptable for EEA or Swiss national customers)
- ☐ Disabled parking document (blue or orange and must include photo, date of birth and signature)
- ☐ Letter from the Foreign and Commonwealth Office - dated within last four months
- ☐ Current Northern Ireland voter's card
- ☐ Travel documents issued in the UK by the Home Office

ADDRESS DOCUMENTS

Please select and send ONE document from the table below:

IMPORTANT: If a passport, National ID card or UK photo card driving licence has not been selected for proof of identity above, the document you select below must contain your full first forename and surname.

- ☐ Driving Licence – current full or Provisional UK photo card driving licence and not expired
- ☐ Council tax bill - valid for current year
- ☐ Utility bill - dated within last four months
- ☐ Telephone bill (mobile phone bills are not acceptable) - dated within last four months –.
- ☐ Sky or Cable TV bills - dated within last four months
- ☐ Home Broadband bill - dated within last four months
- ☐ Credit card bill - dated within last four months
- ☐ A Non HSBC Bank, Building Society, Credit Union statement showing current activity - dated within last four months
- ☐ A Non HSBC Mortgage statement from a recognized lender - dated within last 12 months
- ☐ Disabled parking document (blue or orange and must include photo, date of birth and signature)

- ☐ HM Revenue & Customs tax notification– dated within last four months
- ☐ Tenancy Agreement (must be from a local council or reputable letting agency)
- ☐ Recent Benefits Agency letter (Department for Works & Pensions, Job Centre Plus, Benefits agency, Veterans Agency) confirming your right to benefits - dated within last four months)
- ☐ National Health/Medical card (U18s only)
- ☐ Conditional or unconditional proof of acceptance onto qualifying course – letter or slip issued by UCAS (Student accounts only).
- ☐ Local Education Authority (LEA) notice of financial support (Student accounts only).

QUESTIONNAIRE

Contact Name/s	
Contact Phone Number:	Contact Email Address:

1. Tell us about your Charity / Not For Profit Organisation

Full Registered
Charity / Legal Name

Do you have an alternative
name? If so, please provide details

What is your Charity's / Organisational
legal status? E.g. Limited Company, Trust

Date of establishment (when
the charity / organisation was established)

Country of registration/
Incorporation

Please list the charities / organisation principal purpose, aims and objectives.

Does the charity / organisation perform a business related activity (e.g. production of goods for fundraising purposes)?
If yes please provide details of these operations.

What techniques does the charity / organisation use to raise funds?

How are the funds used, i.e. are payments made to needy causes or items purchased to support the cause?

What is your country / countries of focus?

What is the Charity's country of residence for tax purposes?

Country 1 Additional
Countries



Are you registered with the UK Charities Commission?

Yes

☐

No

☐

If yes, please provide your registered charity number and date of registration

Registered Charity
Number

Date of registration

Are you a registered company?

Yes

☐

No

☐

If yes, please provide Registered Company Number

Does the charity or organisation hold other accounts with the HSBC Group?

Yes

☐

No

☐

If yes, please provide the following details:

Name of account	Branch and country where account held	Relationship Manager's name (where applicable)	Account number

2. Charity / Not For Profit Organisation Details

Registered Address
(Please include postcode and country)

Trading Address, if different from above

Correspondence Address, if different from above

Number of volunteers

Number of employees

If the business has no employees,
please explain why

Please provide details of any donor who is significant, i.e. contributes more than 10% of total income / revenue.

Name(s) of key donor	% Percentage of revenue / income from this donor

Do any beneficiaries receive funds from the Charity / Not For Profit Organisation which totals more than 10 % of your revenue? If yes, please provide details below.

Name(s) of key beneficiary (individuals or group)	% Percentage of revenue / income provided to this beneficiary (individual or group)

Please provide details of any due diligence and any controls in place for the disbursement of funds.

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3. Control and Ownership Information

Please list below the names of individual and/or entities that have control over the charity/not for profit organisation.

Names of individual and/or entity	Please state the role of each person. e.g. Trustee, Signatory, Principal Controller

Please tell us about all individuals listed above. You can photocopy this page if information for more than 2 people needs to be provided.

Full name (including title) and middle name	<input type="text"/>	Full name (including title) and middle name	<input type="text"/>
Home address (please include postcode and country)	<input type="text"/>	Home address (please include postcode and country)	<input type="text"/>
	<input type="text"/>		<input type="text"/>
When did you move in?	<input type="text"/>	When did you move in?	<input type="text"/>
If you have lived at your present address for less than three years, please complete your previous address below.			
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Date of birth	<input type="text"/>	Date of birth	<input type="text"/>
Nationality/Citizenship (if you hold more than one nationality/citizenship please include these details below – you may include up to three)			
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
If you are resident for tax purposes in more than one country please include these below:			
	<input type="text"/>		<input type="text"/>

Are any of the individuals identified in section 3 considered to be of influence in politics, politically exposed, or holding any position in the Executive, Legislative, Military or Judicial sectors of a government?

Yes ☐ No ☐

If yes, please provide the following details?

Full name	Current / previous position held	Country position held in	Dates held (from / to)

Are any of the individuals identified in section 3 close associates or immediate family members of a person considered to be of influence in politics, politically exposed, or holding any position in the Executive, Legislative, Military or Judicial sectors of a government?

Yes ☐ No ☐

If yes, please provide the following details:

Full name of associates of family member	Relationship to influential person	Current/previous held by influential person	Country position held in	Dates held (from / to)	Full name of influential person

4. Financial Information

Approximate total annual income / revenue

How will your Charity / Not For Profit Organisation be funded on an ongoing basis (please tick all that apply)

- ☐ Fund raising
 ☐ External investment
☐ Business Loan
 ☐ Grants
☐ Other, please specify

Please complete this next section if the Charity / Not for Profit Organisation is less than 5 years old

Please tell us how the Charity was initially funded. We need to understand where the majority of the funds have been invested from. Typically this will be the largest single investment. If there are more than two investments of the same amount you may need to photocopy this section.

In certain circumstances we may require further information and we will contact you if this is the case.

Please complete the most relevant sections below, marking N/A where this is relevant

a. Funds raised
Value of funds raised

b. Inheritance
Amount of inheritance

c. Grant Received
Amount of grant

Name of issuing body

d. Other

Please provide the details of the source of the initial funding if none of the above options above are applicable. Please detail below:

Value

Description of the type of funding

5. Transaction Information

Please tell us about the payments into/out of your account.

Number of transactions. Typical value of

each transaction

per month

Cash activity (notes and coins)

Cash deposits

Cash withdrawals

Are cash deposits made on a regular basis?

☐

No cash deposits

☐

Daily

☐

Weekly

☐

Monthly

☐

Quarterly

☐

Annually

Please advise further details of any future significant cash payments and the reason behind these cash payments

		Number of transaction per annum	Typical value of each transaction
Cheque activity	Cheques Received	<input type="text"/>	<input type="text"/>
	Cheques Issued	<input type="text"/>	<input type="text"/>
Domestic electronic transfers	Transfers Received	<input type="text"/>	<input type="text"/>
	Transfers Sent	<input type="text"/>	<input type="text"/>
International electronic transfers	Transfers Received	<input type="text"/>	<input type="text"/>
	Transfers Sent	<input type="text"/>	<input type="text"/>

Are international electronic transfers made on a regular basis?

☐

No transfers

☐

Daily

☐

Weekly

☐

Monthly

☐

Quarterly

☐

Annually

Please advise further details of any significant or regular international electronic payments and the reason behind these.