



9-13 Cursitor Street, London, EC4A 1LL
Tel: (020) 7242 9962 Fax: (020) 7405 5542

APPLICATION FOR NEW BUSINESS ACCOUNTS

Client Name: _____
Plc/Limited Partnership Sole Proprietor

Address: _____

Post Code: _____ Tel No: _____ Fax _____

Company registration No: _____ VAT Registration No: _____

Nature of Business: _____

If you are a subsidiary of another company, please
Give the Parent Company's name and registered No. _____

Reg No: _____

Date first established: _____ Turnover: _____

Names of Directors/Partners/Proprietors: _____

Current Trade References: (1) _____

(2) _____

Bank Details: _____

Bank Name: _____ Branch: _____

Account No: _____ Sortcode: _____

Address: _____

_____ Post Code: _____

Telephone: _____

Signed: _____ Date: _____

Print Name: _____ Position: _____

PLEASE COMPLETE, SIGN AND FAX BACK: 020 7405 5542
THANK YOU