



Unit 44 City Business Centre Lower Road London SE16 2XB  
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: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been banned as a Director or been made bankrupt? \_\_\_\_\_

Current Trade References: (1) \_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
\_\_\_\_\_

Bank Details: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account No: \_\_\_\_\_ Sortcode: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_