

Bacstel-IP Indirect Submitter credit and/or debit application form



Please write clearly in the white spaces with capital letters or cross the boxes.

1 Service details

1.1 Service User details

Purpose of application:

<input checked="" type="checkbox"/>	Credit (payments)	<input checked="" type="checkbox"/>	Debit (collections)	<input checked="" type="checkbox"/>	Both
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Service User name (this is the name that best represents your organisations use of the Bacstel-IP service)

Service User e-mail address (Mandatory. This should be a personal or general e-mail address relating to your organisation)

Bacs will use this e-mail address to advise your organisation of any changes to the Bacstel-IP service.
Report e-mail notifications will default to your Service User e-mail address.
E-mail notifications can instead be sent to nominated Contacts (maximum of 3 per group). If you require e-mail notification to go directly to nominated contacts complete this section and the relevant information in Sections 6.
Refer to Bacs User Guides for the default reports, for notifications and access, that will be available to you.

Addressee name

Service User postal name (will be used by Bacs for any postal correspondence)

First line of address

Second line of address

City or Town

County

Post code Country (if not UK)

Do you wish to transfer an existing Service User Number to us? Yes No **If yes** what is the proposed date for transfer? Existing Service User Number

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	D	M	M	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1.2 Service User trading name (if applicable)

Trading name

Please indicate what type of payments your organisation will be making via Bacs.

Description (e.g. premiums, loan payments, subscriptions (debits), salaries, wages, supplier payments (credits))

Percentage of total payments made for this reason

	%
	%
	%
	%
	%
Total	100%

Please complete this section in full.

Branch name

Your branch sort code

Your account number

Account name (short name, maximum 18 characters only)

Expected maximum file submission in any one month
£

Credit application

Credit item limit
£

Account limit
£

Frequency of limit: Daily Weekly Fortnightly 4-weekly Monthly Other

If other please specify

Debit application

Debit item limit
£

Account limit
£

Expected maximum file submission in any one month

£

Frequency of limit: Daily Weekly Fortnightly 4-weekly Monthly Other

If other please specify

Additional accounts can be linked to the Service User Number if in the same legal entity. If you require more than three additional accounts, please contact your Relationship Manager.

First additional account

Branch name

Your branch sort code

Your account number

Account name

Expected maximum file submission in any one month
£

Credit application

Credit item limit
£

Account limit
£

Frequency of limit: Daily Weekly Fortnightly 4-weekly Monthly Other

If other please specify

Debit application

Debit item limit
£

Account limit
£

Expected maximum file submission in any one month

£

Frequency of limit: Daily Weekly Fortnightly 4-weekly Monthly Other

If other please specify

Second additional account

Branch name

Your branch sort code

Your account number

Account name

Expected maximum file submission in any one month
£

Credit application

Credit item limit
£

Account limit
£

Frequency of limit: Daily Weekly Fortnightly 4-weekly Monthly Other

If other please specify

Debit application

Debit item limit
£

Account limit
£

Expected maximum file submission in any one month
£

Frequency of limit: Daily Weekly Fortnightly 4-weekly Monthly Other

If other please specify

Third additional account

Branch name

Your branch sort code

Your account number

Account name

Expected maximum file submission in any one month
£

Credit application

Credit item limit
£

Account limit
£

Frequency of limit: Daily Weekly Fortnightly 4-weekly Monthly Other

If other please specify

Debit application

Debit item limit
£

Account limit
£

Expected maximum file submission in any one month
£

Frequency of limit: Daily Weekly Fortnightly 4-weekly Monthly Other

If other please specify

Please specify the Bank of Scotland sort code and account number to which charges associated with this service should be passed.

All charges are invoiced in Sterling and must be debited to an account.

Branch name

Account name

Sort code

Account number

Please note all fields within Section 3 of this form must be completed.

3.1 AUDDIS operations

Your organisation will need to complete AUDDIS testing stipulated by Bacs and be set up by them for live AUDDIS operations before submitting Direct Debit Instructions (DDIs) or collecting payments.

If not what is the notice period?

Days

Are you operating a 10 working days Advance Notice period to payers for changes to date, amount or frequency?

Yes No

What is the dormancy between collections on your DDIs?

The default of 13 months will be applied unless otherwise stated.

Months

Do you wish to apply for:

AUDDIS service?

Yes No

Application enclosed

Yes No

Application required

Yes No

3.2 Scheme contact details

The addressee contact may be contacted regarding Direct Debit operational issues.

Addressee name

Company postal name (will be used by Bacs for any postal correspondence)

First line of address

Second line of address

City or Town

County

Post code

Country (if not UK)

E-mail address

Fax number (if available)

Telephone number

3.3 User administration details

User administrator contact would normally be contacted for day to day queries regarding Direct Debits.

If details for Section 3.3 are the same as those entered in Section 3.2 go straight to Section 3.4.

Addressee name

Company postal name (will be used by Bacs for any postal correspondence)

First line of address

Second line of address

City or Town

County

Post code Country (if not UK)

E-mail address

Fax number (if available) Telephone number

3.4 Paperless Direct Debit

If a new user, do you wish to apply for:
 Paperless Direct Debit service? Yes No
 Application enclosed Yes No
 Application required Yes No

3.5 Indemnity

Indemnity completed and enclosed (for new user) Yes Still to be completed

The indemnity cannot be amended in any way. The use of correction fluid, staples or sticky tape on the Indemnity is not permitted.

4 Bureau(x) details

If you have a Bureau relationship, enter the Bureau's name and service user number (if known) below.

Bureau name <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	Bureau number B <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> B <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> B <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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5 Bureau reports

If you have agreed for a bureau to collect reports on your behalf, please enter the bureau number.

Bureau number
 B

Your organisation's e-mail notifications will be delivered to this bureau.

At least one PSC is required for connection to Bacstel-IP.

Previously registered contact

If this Contact has already been registered for a Service User Number sponsored by us and you wish to use their existing security profile for the Service User Numbers detailed in Section 1 please enter their first and last name below. There is no need to complete the rest of this section.

Title Mr Mrs Miss Ms Other (please specify) [checkboxes]

First name [text boxes]

Last name [text boxes]

Office telephone number [text boxes]

Contactable out of office hours? Yes No [checkboxes]

Mobile number (if available) [text boxes]

If yes please complete out of office hours telephone number below. Out of office hours telephone number [text boxes]

Fax number (if available) [text boxes]

Exceptions contact? Yes No [checkboxes]

Exceptions contacts must know of the value of the submission, the number of items within it and the payment date. They must have authority to delay processing if necessary.

E-mail address (This should be a personal e-mail address but can be a general e-mail address relating to your organisation) [text boxes]

Bacs will use this e-mail address to advise PSCs of changes to the Service User and PSC/AC details and for report notifications. Refer to Bacs User Guides for the default reports, for notifications and access, that will be available to you.

You will also be able to view your Bacstel-IP information and view/collect reports and advices using a Bacs issued contact ID and password (Bacs will advise you of these by e-mail). Please complete the memorable information, which you will need to use in order to obtain your contact ID and password.

Memorable information [text boxes] Memorable information hint [text boxes]

Primary Security Contact

I confirm that the information given on this page is true, accurate and complete.

I wish to use Bacstel-IP as a Primary Security Contact on behalf of the Company/ Organisation detailed above.

I understand Know Your Customer (KYC) checks including searching at Credit Reference Agencies may be carried out as part of the Bacstel-IP application process.

Data Protection Notice

- I understand that all my personal data will be treated confidentially.
- I agree that any memorable data provided will only be processed in order to provide for administration of the service requested and to verify and safeguard account information.

- I hereby authorise you to complete the necessary Know your Customer (KYC) checks.

Please note that there may be circumstances where we cannot successfully verify identity using this method. In this event, we will contact you with a request for copies of documentation evidencing identity and address.

Primary Security Contact signature

Date

I authorise the above applicant to act on behalf of the previously noted Company/Organisation in Section 1.

Bank Mandate signature (to be completed if the above is not a Bank Mandate signature)

Date

Title Mr Mrs Miss Ms Other (please specify)

First name

Last name

At least one PSC is required for connection to Bacstel-IP.

Previously registered contact

If this Contact has already been registered for a Service User Number sponsored by us and you wish to use their existing security profile for the Service User Numbers detailed in Section 1 please enter their first and last name below. There is no need to complete the rest of this section.

Title Mr Mrs Miss Ms Other (please specify)

First name

Last name

Office telephone number

Contactable out of office hours? Yes No

Mobile number (if available)

If yes please complete out of office hours telephone number below.

Out of office hours telephone number

Fax number (if available)

Exceptions contact? Yes No

Exceptions contacts must know of the value of the submission, the number of items within it and the payment date. They must have authority to delay processing if necessary.

E-mail address (This should be a personal e-mail address but can be a general e-mail address relating to your organisation)

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Memorable information

Memorable information hint

If you wish to register more than two PSCs please complete the Bacstel-IP new/replacement Smart Card form (11620).

Primary Security Contact

I confirm that the information given on this page is true, accurate and complete.

I wish to use Bacstel-IP as a Primary Security Contact on behalf of the Company/ Organisation detailed above.

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Primary Security Contact signature

Date

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Bank Mandate signature (to be completed if the above is not a Bank Mandate signature)

Date

Title Mr Mrs Miss Ms Other (please specify)

First name

Last name

References to 'We' and 'Us' below are references to your organisation and all undertakings made on behalf of your organisation.

References to "You" and "Your" below are references to the bank identified above.

- 1 We confirm that the information given is correct.
- 2 We authorise You to debit our account in respect of Bacs usage and charges, including charges for Smart Cards and/or Hardware Security Module Certificates.
- 3 We have a copy of The Service Users Guide and Rules to the Direct Debit Scheme, and confirm that we will abide by them.
- 4 We agree to provide You with any copies of AUDDIS Direct debit instructions and any Direct Debit related marketing literature for approval before publication. Should We join the Paperless Direct Debit Service We agree to provide You with any copies of paperless Direct Debit scripts and related marketing literature for approval before publication. The additional Paperless Direct Debit Service application form is available separately within the information provided. Visit the Bacs website www.bacs.co.uk for further information on Paperless Direct Debit
- 5 We agree to exercise adequate internal controls with regard to originating Direct Debits and AUDDIS instructions.
- 6 We confirm that We have read and will comply with the appropriate set of Bacstel-IP Service Terms and Conditions and the Customer PKI Agreement and any user guides provided by You and/or Bacs from time to time. We agree that this application form together with such Terms and Conditions and such user guides shall together comprise the contract between Us and You for the Bacstel-IP service.
- 7 We acknowledge that Bank of Scotland plc will fulfil all performance obligations in respect of the Bank of Scotland Bacstel-IP Service on Your behalf and We give full authority in that connection in accordance with the Terms and Conditions referred to above.

This form must be signed in accordance with the Electronic Banking clause of your Bank Mandate or in accordance with a specific Electronic Banking board resolution.

Please contact your Relationship Manager if you require a specimen Electronic Banking board resolution.

By signing this Corporate Markets application you confirm that you (or the group of which you form part) have an annual turnover of £15m or more or that your relationship manager has confirmed this service is appropriate for you.

Signed for and on behalf of our organisation by

First authorised signatory

Your full name (in block capitals)

Your signature

Date

Your position

Second authorised signatory

Your full name (in block capitals)

Your signature

Date

Your position

Please send completed form to your Relationship Manager

Relationship Manager - please complete

Organisation Name. This is the group name (if part of a group). If not part of a group enter the registered company name to which the Service User Number relates. This is mandatory.

Grid of 36 empty boxes for Organisation Name

Crisp Customer ID (Corporate)

Grid of 8 empty boxes for Crisp Customer ID

OR

BIT Party ID (Offshore) Located via BIT - Customer File - Profile

Grid of 12 empty boxes for BIT Party ID

Market sector

Corporate

Offshore

Checked box for Corporate

Checked box for Offshore

Market segment

Empty text box for Market segment

Legal entity

England and Wales

Scotland

Isle of Man

Jersey

Guernsey

Checked box for England and Wales

Checked box for Scotland

Checked box for Isle of Man

Checked box for Jersey

Checked box for Guernsey

Standard Indemnity completed and enclosed (only applicable if new Direct Debit user)

Yes

No

Checked box for Yes

Checked box for No

N/A Already held

ADM16 Sanction enclosed

Checked box for Yes

Checked box for No

Checked box for N/A

KYB check completed for account quoted in Section 2

Checked box for Yes

Checked box for No

KYC check completed for named individuals in Section 6

Checked box for Yes

Checked box for No

Set up fee (charge to be applied)

Checked box for Yes

Checked box for No

I confirm that the account details and signature(s) quoted are correct and in accordance with the Electronic Banking clause of the Bank Mandate. I confirm that we are undertaking the necessary branch procedures to permit this customer to become a Bacs user in due course.

I confirm that I will inform Group Operations of any changes required without delay. I understand that failure to do so may result in a delay to the process of future transmissions.

Relationship Manager's name (in block capitals)

Empty text box for Relationship Manager's name

Relationship Manager's signature

Empty text box for Relationship Manager's signature

Date

Empty text box for Date

Relationship Manager's phone number and area dialling code

Empty text box for phone number

Relationship Manager's location

Empty text box for location

Relationship Manager's stamp

Large empty box for Relationship Manager's stamp

Relationship Manager's e-mail address

Grid of 40 empty boxes for Relationship Manager's e-mail address

On completion please forward this form to: Group Operations, P.O. Box 72, Bailey Drive, Gillingham, Kent, ME8 0LS. TNT 23

Group Operations - please complete

Signature

Branch stamp

Bacstel-IP input carried out by (Full name)

Date (dd/mm/yyyy)

Bacstel-IP input checked by (Full name)

Date (dd/mm/yyyy)

Charges input carried out by (Full name)

Date (dd/mm/yyyy)

BIP organisation ID

Set up date (dd/mm/yyyy)