



# Raphaels Bank

Private bankers since 1787



## Fixed Rate Bonds

**BOND TERM** (Months) 6  12  18  24

**INTEREST** Gross  Net  (See paragraphs 10-11 below)

I/We enclose a personal cheque made payable to 'Raphaels Bank - Your Name' for:  
e.g. 'Raphaels Bank - Mr A Smith'

£

(min.£5,000 max.£250,000.)

### PERSONAL INFORMATION

#### FIRST APPLICANT

|                        |         |
|------------------------|---------|
| Title                  | Surname |
| First Names            |         |
| Address*               |         |
|                        |         |
| Post Code              |         |
| Tel. (eve)             |         |
| Tel. (day)             |         |
| Email address          |         |
| Occupation             |         |
| Date of Birth          |         |
| Mothers Maiden Name    |         |
| National Insurance No. |         |

#### SECOND APPLICANT

|                        |         |
|------------------------|---------|
| Title                  | Surname |
| First Names            |         |
| Address*               |         |
|                        |         |
| Post Code              |         |
| Tel. (eve)             |         |
| Tel.(day)              |         |
| Email address          |         |
| Occupation             |         |
| Date of Birth          |         |
| Mothers Maiden Name    |         |
| National Insurance No. |         |

Do you already hold an account with Raphaels Bank  Yes  No If so please quote account number

\*If you have been at your address for less than 3 years, please supply your previous address overleaf.

**Only new investors should provide proof of identity as described overleaf**

### DECLARATION

- I/We have read and agree to the Fixed Rate Bonds Terms and Conditions ("T&Cs")
- I/We understand that no withdrawals will be permitted during the period of the bond as outlined in the T&Cs and upon maturity funds will only be returned to the bank account of the bond holder(s).
- I am / We are permanent UK resident(s), subject to UK tax legislation (Channel Islands and Isle of Man excluded) and I/We undertake to advise Raphaels Bank of any changes in this status.
- The information supplied on this application is true to the best of my/our knowledge.
- I am the sole/We are the joint beneficial owner(s) of any monies deposited with Raphaels Bank.
- If the bond is opened in joint names, any ONE signature will be accepted to operate the bond unless I/We instruct otherwise.
- I/We understand the offer is for a limited period and Raphaels Bank may end it at any time. Unsuccessful applicants will have their cheques returned unprocessed.
- Interest will be paid net of basic rate of income tax (currently 20%) unless we hold a completed HMRC Form R85, or the initial capital sum invested is £50,000 or more and the bondholder(s) have requested interest to be paid gross.
- For Bonds where the capital sum invested is £50,000 or more and the term is in excess of 18 months certain HMRC rules apply. Please see Clause 5.3 in the T&Cs.
- "AER", referred to overleaf, stands for Annual Equivalent Rate and shows what the interest rate would be if the accrued interest was paid and added to the capital balance annually.
- I/We are aware that Raphaels Bank will be carrying out electronic verification of My/Our identity. Should My/Our check fail, I/We are aware that further documents will be requested and should be provided in order to continue with the application.

If you would like to be kept informed of future Savings Accounts, please tick the appropriate boxes:

Yes  No  Contact me by telephone  Contact me by email

By signing this declaration you confirm that you have read, understood and agreed to be bound both by the T&Cs and everything else set out in this application.

**Signature of 1st Applicant** \_\_\_\_\_ Date \_\_\_\_\_

**Signature of 2nd Applicant** \_\_\_\_\_ Date \_\_\_\_\_



# Fixed Rate Bonds

## ADDITIONAL REQUIREMENTS

### FOR ALL APPLICATIONS

The applicant/s must provide the following:

A personal cheque **signed by the depositor** made payable to 'Raphaels Bank - Your Name' and drawn on an account with an authorised UK credit institution in the sole or joint name of the depositor.

If the electronic verification fails for any reason you will be required to provide a certified copy of one of the following. The document must be certified by a solicitor, accountant or bank official.

- Current signed passport
- Current full UK Driving License (Provisional driving licenses are not acceptable)

Additionally proof of address, of not more than 3 months old, in the form of:

- Council tax bill
- Utility bill

## PREVIOUS ADDRESS If you have been at your address for less than 3 years, please supply your previous address here.

Address

Post Code

Without suitable identification Raphaels Bank cannot guarantee to open the account and may have to return your money to you. Please ensure that where applicable all items are no more than three months old.

Please do not send unnecessary or original documentation to Raphaels Bank as we cannot be held responsible for such documentation sent by post and this may delay processing your application.

All certified copies of any documents will be held by the bank and will not be returned to the investor(s).

### PLEASE RETURN COMPLETED FORMS TO:

**Aylesbury Office** Raphaels Bank, Walton Lodge, Walton Street, Aylesbury, Buckinghamshire, HP21 7QY T: 01296 436 661 F: 01296 423 041

## FOR BANK USE ONLY

Issue number:

Gross rate:

NET Rate:

AER:

### Head Office