

# CORPORATE & PARTNERSHIP APPLICATION FORM



## SECTION ONE: ACCOUNT DETAILS

Company Name \_\_\_\_\_  
Company Registration No \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_  
Current Business Status:      Sole Trader      Partnership      Charity  
   Limited Company      Public Limited Company      Other \_\_\_\_\_  
Nature of Business \_\_\_\_\_  
FX Requirement:      Send foreign currency      Receive foreign currency      Both  
Expected Monthly Amount (in GBP):      0 < £10k      £10k - £25k      £25k - £50k      £50k - £250k      £250k +  
Approximate number of payments (PCM):      < 5      6 - 10      11 - 25      26 - 100      100 +  
Currencies Dealing With      GBP      EUR      USD      Other \_\_\_\_\_  
Annual Volume (GBP equiv.) \_\_\_\_\_  
Countries Remitting To \_\_\_\_\_

## SECTION TWO: AUTHORISED CONTACTS

**PRIMARY AUTHORISED CONTACT**  
Name \_\_\_\_\_  
Position \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Residence Address \_\_\_\_\_  
\_\_\_\_\_  
D.O.B \_\_\_\_\_

**SECONDARY AUTHORISED CONTACT**  
Name \_\_\_\_\_  
Position \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Residence Address \_\_\_\_\_  
\_\_\_\_\_  
D.O.B \_\_\_\_\_

**ADDITIONAL AUTHORISED CONTACT**  
Name \_\_\_\_\_  
Position \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Residence Address \_\_\_\_\_  
\_\_\_\_\_  
D.O.B \_\_\_\_\_

**ADDITIONAL AUTHORISED CONTACT**  
Name \_\_\_\_\_  
Position \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Residence Address \_\_\_\_\_  
\_\_\_\_\_  
D.O.B \_\_\_\_\_

## SECTION THREE: COMPLIANCE

### SHAREHOLDER 1

Full Name \_\_\_\_\_

Occupation \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_

% Ownership \_\_\_\_\_

### SHAREHOLDER 3

Full Name \_\_\_\_\_

Occupation \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_

% Ownership \_\_\_\_\_

### SHAREHOLDER 2

Full Name \_\_\_\_\_

Occupation \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_

% Ownership \_\_\_\_\_

### SHAREHOLDER 4

Full Name \_\_\_\_\_

Occupation \_\_\_\_\_

Residence Address \_\_\_\_\_

\_\_\_\_\_

% Ownership \_\_\_\_\_

### ADDITIONAL SHAREHOLDER INFORMATION

\_\_\_\_\_

\_\_\_\_\_

To meet statutory obligations, we are required to identify the business and its corresponding directors, shareholders and those authorised contacts as stated in Section Two of this Application Form. For UK directors, shareholders and authorised contacts, upon receipt of your application, we will submit an electronic identity check. If we are unable to fully verify the individuals we may ask you to provide further supporting documentation. For non-UK directors, shareholders and authorised contacts, a list of required documentation will be provided at the time of application.

Please also provide the following documentation with your completed application:

- Company utility bill or bank statement, dated within the last 3 months.

## SECTION FOUR: ACKNOWLEDGEMENT & SIGNATURE

I / We the undersigned, understand that Casco Financial Services Ltd will rely on this information when processing this application and represent that such information is correct and complete. I / We hereby agree to notify Casco Financial Services Ltd promptly in writing if there is any material change. I / We have read and understood the Terms and Conditions of Casco Financial Services Ltd.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Please now scan and email this signed and completed form to [registration@cascofx.com](mailto:registration@cascofx.com)

or alternatively fax to **+44(0)207 785 8200** and post the original to:

**Casco Financial Services Limited, 55 Goswell Road, London, EC1V 7EN**

If you have any questions regarding your application, please feel free to contact our team on +44(0)203 478 2190