Application to open an International Account

(For use by existing Skipton International clients only)

To take advantage of our accounts simply complete and return this new account form today

Existing Account Details

Account Holders Name(s)

Existing Account Number

Type of Account **Individual** ☐ **Corporate** ☐

New Account Instructions

Please take this as my/our authority to open an International Account using the same mandate as the above account.

Account to be opened

Please confirm if an amount is to be transferred from your existing account.

Please Transfer £

Or tick one/two of the below options:

- ☐ Transfer full capital + interest
- ☐ Transfer capital only
- ☐ Transfer interest as overleaf
- ☐ Transfer interest to SIL A/C……

Should you wish to transfer your existing deposit across two or more accounts please return a signed letter detailing your exact requirements.

Additional/New Deposits

If you would like to include new or add further funds to your new account please complete the below boxes

I / we wish to add to the account by: **Cheque** ☐ **Bank Payment** ☐

Amount in figures

Amount in words

Source of funds

Click here to find examples and the required documents of source of funds.

Please Note: Cheques should be made payable to Skipton International/Your Name
Funds by bank payment must be transferred to the below account:
HSBC Bank Plc St Peter Port Branch, Guernsey
Sort Code: 40-22-25
Account number: 92660148
Account Name: Skipton International Limited
For further credit to: 'your name & new account number'

Please turn over to the next page to complete the Interest Payment Options & Signatures

SKIPTON INTERNATIONAL LIMITED

Application to open an International Account continued

Interest Payment

Interest to be added onto the new Account		**Or transferred to the below account**	

Name of account holder	
Bank Name and Branch Location	
Sort Code	
Bank Account Number	

Signatures

I/We confirm that I/We have received and read and agree to be bound by the Account Terms and Conditions and the General Terms and Conditions of Deposit Accounts.

☐ Please tick this box if you do not wish to receive further marketing information from Skipton International Limited.

Full Name		**Full Name**	
Signature		**Signature**	
Date		**Date**	

Daytime telephone number in case we need to contact you: .....

P O BOX 509, TUDOR HOUSE, THE BORDAGE, ST PETER PORT, GUERNSEY, GY1 6DS
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www.skiptoninternational.com

SKIPTON INTERNATIONAL LIMITED