



Bank Details Form

For trust and corporate accounts

Complete this form to register new bank account details for a trust or corporate account.

After we've verified your bank details, we won't need to do this again for future instructions. We can accept this form in either of the following ways:

- Signed and sent to us in the post at Wealthtime Client Services, PO Box 4328 or submitted by your financial adviser via the Wealthtime platform.
- Digitally signed and submitted by your financial adviser via the Wealthtime platform.

In all instances, we will require a certified copy of a UK bank statement and, if not digitally signed, we will also require a certified copy of the signatory list or where one does not exist, a certified copy of a valid driving license or passport for each individual signing the form.

We require two signatories to sign this form unless there is only one trustee/director.

Please note, we are unable to add a personal bank account to a corporate account. The bank account must be in the name of the company.

Investor Details

Investor number:

Trust/Corporate entity name:

Trustee/Signatory One

Surname:

Forename(s):

Date of birth (dd/mm/yyyy):

Trustee/Signatory Two

Surname:

Forename(s):

Date of birth (dd/mm/yyyy):

Please note any recent change of personal details that could impact our bank verification measures:

Payment Account Details

Bank name:	<input type="text"/>
Account name:	<input type="text"/>
Sort Code:	<input type="text"/> Account number: <input type="text"/>
Roll number: (If applicable)	<input type="text"/>

Investor Declaration

- I/We declare that my/our answers to the questions and the bank details contained in this application are true and correct to the best of my/our knowledge.
- I/We understand that checks will be performed on my/our bank, which may prompt further verification measures.
- I/We declare that the bank account provided belongs to me/us. If I/we sign this declaration by electronic signature.
- I/We confirm that this method of signature is my/our agreement to be bound as if signed by my/our manuscript signature.

Signatory One

Signature:	<input type="text"/> Original signature	Date (dd/mm/yyyy): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name:	<input type="text"/>	
Email:	<input type="text"/>	

Signatory Two

Signature:	<input type="text"/> Original signature	Date (dd/mm/yyyy): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name:	<input type="text"/>	
Email:	<input type="text"/>	

If you require this document in an alternative format please contact us.

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