

## Sub Account Application



- \* PLEASE REFER TO THE ACCOMPANYING GUIDANCE NOTES AS YOU COMPLETE THE FORM.
- \* Please print in **CAPITAL** letters within the white boxes and do not make a mark on any other part of the form. We recommend you use **blue** or **black ink**.
- \* See our website [www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk) for assistance.
- \* Alternatively, email [info@disclosurescotland.co.uk](mailto:info@disclosurescotland.co.uk) with any questions, or phone the help line on **0870 609 6006 (Fax 0870 609 6996)**.
- \* Mandatory fields are highlighted in yellow, you must provide information in these fields or your application will be delayed.
- \* Please make a note of the Barcode Number at the top to assist with any future query.

FOR OFFICIAL USE ONLY

### PART A Type of Application (Read Note A)

**A1** Cross (X) one box only. Add Sub Account  Remove Sub Account  Modify Sub Account

### PART B Organisation Details (Read Note B)

**This PART is to be completed by the Registered Person.**

**B1** Organisation Name

B2

**B3** Registered Body Code

### PART C Sub Account Details (Read Note C)

#### Details

C1 Sub Account Name

C2

C3 Sub Account Code  Leave blank for initial Sub Account application.

#### Sub Account Countersignatory Details

**C4** Sub Account Manager Name

**C5** Sub Account Manager Countersignatory Code

C6 Countersignatory Name

C7/C8 Countersignatory Code  Add to Sub Account  Remove from Sub Account

C9 Countersignatory Name

C10/C11 Countersignatory Code  Add to Sub Account  Remove from Sub Account

C12 Countersignatory Name

C13/C14 Countersignatory Code  Add to Sub Account  Remove from Sub Account

C15 Countersignatory Name

C16/C17 Countersignatory Code  Add to Sub Account  Remove from Sub Account

C18 Countersignatory Name

C19/C20 Countersignatory Code  Add to Sub Account  Remove from Sub Account

C21 Countersignatory Name

C22/C23 Countersignatory Code  Add to Sub Account  Remove from Sub Account

C24 If you require more space use a separate piece of paper and cross (X) this box.

BLANK

# Invoice Details and Authorisation

## PART D Invoice Details (Read Note D)

**This PART is to be completed by the Registered Person.**

**D1** Do you require an Invoice facility for this Sub Account? Yes  No

**D2** Do you require this Invoice to be sent to the Sub Account Manager? Yes  No  If 'No', see below.

**The Invoice will be sent to the person you have nominated for your Organisation. i.e. Registered Person or Invoice Manager.**

## PART E Authorisation (Read Note E)

**This PART is to be completed by the Registered Person.**

I understand the following:  
Disclosure Scotland will use the information I have given to check and process this application. It will also use it for the purposes of the prevention or detection of crime and for other related purposes. Disclosure Scotland may pass the information to other Government departments or organisations, the police and other law enforcement agencies for the purposes of prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes. I confirm that the information I have supplied is complete and correct. I will give any additional information that may be required to verify the information given and will immediately notify any changes to this information.

**E1** Registered Person Name

**E2** Registered Person Code

**E3/E4** Registered Person Signature:  Signature Date  /  /

**The signature you supply here will be checked against the sample you supplied on the Registration application.**

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