

# Night Safe facilities



Please complete the front of this form for Limited Companies, Clubs, Societies, Limited Liability Partnerships and other Organisations.

For other types of Partnership and Sole Traders please use the reverse of this form.

## 1 Details of your organisation

Please write clearly in the white spaces with capital letters.

The full name of the organisation

Customer contact name

Your bank and branch name

Your branch sort code

Your account number

Customer contact telephone number including area dialling code

## 2 Your agreement

At a meeting of the Directors/Officers/Members/Trustees of:

held on

**It was resolved that:**

- 1 We acknowledge receipt of a key(s) to the door of the Night Safe at the TSB Bank plc (the "Bank") branch shown in Section 1.
- 2 The key(s) shall remain the property of the Bank, to whom it is returnable on demand.
- 3 The Night Safe is to be used only when the Bank is closed. The envelope only, is to be lodged in the Night Safe and the door to the Night Safe is to be locked immediately afterwards.  
The key(s) to the door of the Night Safe shall at all times remain under the control of the authorised officers who will be responsible for their safekeeping.
- 4 The Bank is duly authorised to open the envelope and to credit the contents to our account.  
We acknowledge that the contents of the envelope are only received by the Bank on the next business day after the envelope has been placed in the Night Safe.
- 5 The envelope when placed in the Night Safe is deemed to be held by the Bank for safe custody only. The normal relationship of Banker and Customer only comes into effect when the officers of the Bank, in accordance with this authority, have opened the envelope and paid in the contents.  
We acknowledge that it is our responsibility to insure the contents of the envelope against loss or theft before your staff have opened it.

- 6 A paying-in slip is to be placed inside the envelope.
- 7 Fees will be charged for using this service as notified by the Bank from time to time.
- 8 We authorise the following officials:  
to advise you of the names of our representatives who are authorised to apply for envelopes and to give receipts for them. Our Organisation Secretary may advise you of any changes to the list.

**I hereby confirm that the signatures in Section 3 are those of the duly authorised officials.**

**Secretary's signature**

Date

## 3 Authorised officials' details

Position held

**Your signature**

Date

**For bank use only**

How many Night Safe trap keys were issued?

# Night Safe facilities



Please complete this page for Partnerships and Sole Traders only.

## 1 Your details

Please write clearly in the white spaces with capital letters.

Your full names

  
  


Business name (if applicable)

  


Your bank and branch name

  


Your branch sort code

Your account number

Customer contact name

Customer contact telephone number including area dialling code

## 2 Your agreement

I/We acknowledge receipt of a key(s) to the door of the Night Safe at the TSB Bank plc/TSB (the "Bank") branch shown in Section 1, upon the following terms and conditions:

- 1 The key(s) shall remain the property of the Bank, to whom it is returnable on demand.
- 2 The Night Safe is to be used only when the Bank is closed. The envelope only, is to be lodged in the Night Safe and the door to the Night Safe is to be locked immediately afterwards.  
  
The key(s) to the door of the Night Safe shall at all times remain under the control of the undersigned who will be responsible for their safekeeping.
- 3 The Bank is duly authorised to open the envelope and to credit the contents to my/our account.

I/We acknowledge that the contents of the envelope are only received by the Bank on the next business day after the envelope has been placed in the Night Safe.

- 4 The envelope when placed in the Night Safe is deemed to be held by the Bank for safe custody only. The normal relationship of Banker and Customer only comes into effect when the officers of the Bank, in accordance with this authority, have opened the envelope and paid in the contents.

I/We acknowledge that it is my/our responsibility to insure the contents of the envelope against loss or theft before your staff have opened it.

- 5 A paying-in slip is to be placed inside the envelope.
- 6 Fees will be charged for using this service as notified by the Bank from time to time.

Your signature

Date

Your signature

Date

Your signature

Date

Your signature

Date

For bank use only

How many Night Safe trap keys were issued?