

## **Cardholder Application Form 2**

When filling out this form by hand, please complete in BLOCK CAPITALS and in black ink. When filling out this form on screen, please use the tab key to move between the relevant fields. Ensure you do **not** use the return or enter keys.

#### **Your information**

For details of how we and others will use your information, please look for the padlock symbol below and in the accompanying Terms and Conditions or contact National Westminster Bank Plc, Commercial Cards Division, Cards Customer Services, PO Box 5747, Southend-on-Sea SS1 9AJ.

All sections must be completed.

1. Business details	
Company/Organisati	ion name
Billing unit name	
	you have an existing Card account, digit account number as shown on your
Reporting unit name	
2. Cardholder detai	ls
Title	Mr Mrs Miss Other Other
	If 'Other', please specify
First name	Middle name(s)
Surname	
Name	Name as you wish it to appear on the card  e.g. title, first name, middle initial and surname (max. 19 characters incl. spaces)
Residential address	
Address line 2	
Address line 3	
Address line 4	
Postcode	Country of Residence
E-mail address	
Security password	Date of birth (DDMMYYYY)
Nationality	

Correspondence address  (only required where cards or statements are being mailed to you direct)
If correspondence address is same as residential address, tick box.   Or complete details below.
Address line 1
Address line 2
Address line 3
Address line 4
Postcode
© Credit reference agencies  We may obtain information about you from credit reference agencies to verify your identity.
<b>©</b> Fraud Prevention agencies  If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies. We may also obtain information about you from fraud prevention agencies.
<b>©</b> Giving your consent  By signing this application you are agreeing that we may use your information in the way described in this form and in the associated Terms and Conditions.
Cardholder's signature
Date
If individually billed has been selected by the company/organisation, please complete (£ Corporate Card & Corporate onecard only).
(Individual billing is only available to residents of the UK, Channel Islands, Isle of Man and Gibraltar)
Payment method:
■ Direct Debit Please complete Direct Debit mandate (back page)
■ If you prefer a different payment method please contact <b>0870 909 3702</b> for more details and state your payment method here:
3. Cardholder details to be specified by the company/organisation
Please mark if you require the following*:
Standard Card X Black Card (GPC only) Gold Card (£ Corporate Card & Corporate onecard only)
Euro Card (€ Corporate Card & € Purchasing Card)  Cash withdrawal facility**
Is a single transaction limit required for authorisation purposes? Yes $\times$ No $\times$ If 'Yes', how much? $^{\pounds}$
Monthly credit limit required (This should equal one month's anticipated spend)  Convenience cheques (£ Corporate Card & Corporate onecard only)
Cardholder reference number

<sup>\*</sup>Charges may apply, please refer to your agreed pricing.

<sup>\*\*</sup>Please mark if you require a cash withdrawal facility i.e. ATM cash, cash and foreign currency over a branch counter and travellers' cheques (if left blank your cardholder will NOT be authorised to undertake any form of cash transaction).

### 4. Authorisation by the company/organisation

Please issue a NatWest Card to the person named in section 2, who is authorised by the company/organisation to undertake card transactions as defined in the card Terms and Conditions. The company/organisation agrees that it will meet all expenditure and other charges and interest incurred through the use of the card or in respect of transactions.

Signed in accordance with the Authorised Signatories as listed in the card programme Application Form (including as amended by any previously completed Amendment to Authorised Signatory Form 8).

Title	Mr Mrs Miss Other Other
	If 'Other', please specify
First name	Middle name(s)
Surname	
Authorised signature(s	s)
	Date
Title	$Mr$ $\times$ $Mrs$ $\times$ $Miss$ $\times$ $Ms$ $\times$
	If 'Other', please specify
First name	Middle name(s)
Surname	
Authorised signature(s	5)
7 to thomsed signature (c	
	Date





# Please fill in the whole form using a ball point pen and send it to:

NATWEST SOUTHEND CARD CENTRE Commercial Cards Division Cards Customer Services PO Box 5747 Southend-on-Sea SS1 9AJ

Name(s) of Account Holder(s)									
Bank/Building Society account number									
Branc	Branch Sort Code								
Name and full address of your Bank or Building Society								ciety	
To: The Manager				Banl	k/Build	ding S	ociety		
Addr	ess								
	Postcode								

Instruction to your Bank or Building Society to pay by Direct Debit

Service	user	num	ber

7 5 4 3 7	0
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FOR NATWEST SOUTHEND CARD CENTRE OFFICIAL USE ONLY This is not part of the instruction to your bank or building society.

We will use your card number/billing number as your reference

### Instruction to your Bank or Building Society

Please pay NATWEST SOUTHEND CARD CENTRE Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with NATWEST SOUTHEND CARD CENTRE, and if so, details will be passed electronically to my bank/building society.

Signature(s)	
Date	

Banks and building societies may not accept Direct Debit Instructions from some types of account

This guarantee should be detached and retained by the payer

## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit NATWEST SOUTHEND CARD CENTRE will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request NATWEST SOUTHEND CARD CENTRE to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by NATWEST SOUTHEND CARD CENTRE or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when NATWEST SOUTHEND CARD CENTRE asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Reference