

Please note – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys. Please complete in BLOCK CAPITALS and in black ink and return to your Programme Co-ordinator.

Programme Co-ordinators:

- If this is a new OneCard programme, please return this form to your Relationship Manager with the main Application & Agreement Form.
- If this is an additional card to your existing OneCard programme, please forward the completed and signed form to Ulster Bank Ireland DAC, Commercial Cards Division, PO Box 4015, Dublin 2.
- If this is an additional card please consider if you require a higher business credit limit (please refer to your Relationship Manager if required).

Your information

For details of how we and others will use your information, please look below and in the accompanying Terms and Conditions or contact your Relationship Manager.

1. Cardholder details

Please complete in BLOCK CAPITALS

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

If 'Other', please specify

First name

Middle name(s)

Surname

Name as you wish it to
appear on the card

(title, first name and surname – maximum of 21 characters including spaces)

Must be completed

Residential address

Address line 2

Address line 3

Address line 4

Correspondence address (for individually billed accounts only)

Address line 2

Address line 3

Address line 4

Email address

Preferred daytime contact number (including extension if applicable)

What is the nationality of the cardholder? (must be completed)

Security password from the cardholder for identification (maximum of 20 characters with no spaces)

(must be completed)

Date of birth to help us identify the cardholder (DD/MM/YYYY) (must be completed)

Credit Reference Agencies

We may obtain information about you from credit reference agencies and Group records to check your credit status and identity. The agencies will record our enquiries which may be seen by other companies who make their own credit enquiries. This may affect your ability to obtain credit elsewhere in the near future. We may use credit scoring.

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.

Keeping you informed

We would like to keep you informed by letter, phone and electronic means (including e-mail and mobile messaging) about products, services and additional benefits that we believe may be of interest to you. If you don't want us to do this, please place a cross in this box. ☐

Giving your consent

By signing this application you are agreeing that we may use your information in the way described in this form (including the 'Keeping you informed' section) and in the associated Terms and Conditions.

2. Authorisation by the business

Please issue an Ulster Bank OneCard to the person named in section 1, who is authorised by the business to undertake card transactions as defined in the Terms and Conditions. The business agrees that it will meet all expenditure and other charges and interest incurred through the use of the Card.

Company/Organisation Name

If you have an existing OneCard account, please insert your 16 digit number as shown on your Summary Statement.

5 5 6 9

7 0

Spending controls required

What monthly credit limit is required for this cardholder? €

Is a cash withdrawal facility required?

Yes

☐

No

☐

Is a single transaction limit required?

Yes

☐

No

☐

If 'Yes', how much? €

If you wish to block certain spending categories for this cardholder, please apply for individual blocking by completing the Diversion Billing and Individual Blocking Form 3.

The Bank will only accept requests to issue cards or make changes to this agreement from the Authorised Signatories in writing. These requests must be in accordance with the authority held by the Bank.

Primary authorised signature

Secondary authorised signature

x

x

In accordance with the authority held by the Bank

In accordance with the authority held by the Bank

Primary Authorised Signatory Name
(title, first name and surname)

Secondary Authorised Signatory Name
(title, first name and surname)

Date (DD/MM/YYYY) _____

Date (DD/MM/YYYY) _____

For Relationship Manager use only

IMPORTANT – Please ensure sanction documentation is attached to this application.

Relationship Manager name _____

Portfolio code _____

RM contact number _____

External e-mail address _____

Internal address _____

Address line 2 _____

Address line 3 _____

Depot code _____

Customer ID _____

(Relationship Managers only enter last 9 digits) 1 –

Business Current Account Number Sort code SIC code

I confirm the application has been signed by the authorised signatories as per the bank mandate.

Signed for and on behalf of Ulster Bank Ireland DAC

Relationship Manager's signature

My ISV number is

Date (DD/MM/YYYY) _____