Business Quick Deposit (BQD) Registration Form



How we will use and share your information

We may request information about you from credit reference and fraud prevention agencies to help verify your identity to comply with laws that apply to us.

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1. Customer and account details	
Please provide the details for the acco	ount that will be used for accepting deposits via Business Quick Deposit
Please ensure you provide a Busines	ss Current Account
Account name	
Receiving account number	Sort code
Head Office Collection Account number (if applicable)	
	anch that you will be using to deposit funds via BQD. You can look up sort west.com/locator. You can add up to three branches on this form.
Branch sort code(s) 1	2) 3)
	le will use this to contact you regarding the Business Quick Deposit de a central team mailbox and not a personal email, to minimise changes).
2. Business Quick Deposit agreemen	at (To be completed by customer)
	s governed by the Business Quick Deposit Service terms and the Business Account re available for you to read and print online at www.natwest.com/terms entering the
If for any reason you are unable to ac	cess the terms online, please contact the bank via your usual channel before proceeding.
 and the amount quoted on the Ba You confirm you have provided a You confirm the details on the App You agree to the terms. 	Business Current Account or Head Office Collection account plication are correct and agree to notify the Bank of any changes. Industrial understood how we may use your information in the way described above and in twest.com/privacy

(Name of company firm)

3. Customer Signature(s)

	then signing this section that it is signed by the high you require two people to sign, then please ensure	hest signing authority on the Bank Account Mandate two people sign this form).
Signatory 1		

Signature		Date			
Full Name					
Position held					
Signatory 2		7			
Signature		Date			
Full Name					
Position held					
Signatory 3		7			
Signature		Date			
Full Name					
Position held					
Please complet	te the Application, and sign, before returning it	to your Busin	ess Manager/Relationship Manager		
Relationship Team Use only					
numb I have	firm the customer has provided a Business Curre per e checked all the required eligibility criteria and AE mentation of BQD.				
		Name:			
		Location:			

Please forward the completed application form to the following email address:

a) CPB Customers - Please send to your sector alligned email box

b) BB Customers - ~ Business Banking NWB

Date (DD/MM/YYYY): _

ISV number:

Contact number: __