

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.

How we will use your information

Before continuing with this application, please read the information below which explains how we and others will use your personal and financial information during this application process. When we use and share personal and financial information, we do so on the basis that we have a legitimate interest to prevent fraud and money laundering, to manage our risk and to protect our business and to comply with laws that apply to us (including verifying your identity and assessing the suitability of our products).

For full details about how we use the personal and financial information of our customers, please see our full Privacy Notice at www.natwest.com/privacy.

Who we are

The organisation responsible for processing your personal and financial information is National Westminster Bank Plc, a member of NatWest Group.

The personal information collected here will only be used to confirm your identity in the event that we have contact with you via telephone.

1. Billing Unit details

Business/
Organisation name

Billing Unit name

Billing Unit number* – please insert your 16 digit account number as shown on your Summary Statement:

***We are unable to process your application without the Billing Unit number.**

Please Note – This is the 16 digit account number, as shown on your Summary Statement.

Please do not type a card number into this field.

Please cross the options below that apply and complete the relevant section:

Changes to Authorised Contacts – complete section 2 as required

Cardholder/Lodge Account changes – complete section 3 as required

Merchant Category Group blocking – complete section 4 as required

Change of Authorised Signatory – complete section 5 as required

Change of address - complete section 6 as required

2. Changes to Authorised Contacts

Please cross the option(s) below that apply and complete the relevant section(s):

Remove an authorised contact(s) – complete 2.1

Change the authority level of an

Add a new authorised contact(s) – complete 2.2

existing authorised contact(s) – complete 2.3

Important Note: For options 2.2 & 2.3 please note the authority levels as described below when considering the appointment of the Authorised Contact(s):

- **Programme Administrator**

This person can request information about the card programme.

- **Authority Holder**

This person can request information about the card programme and request changes to the account including amending limits, spend controls and account details.

- **Account Signatory**

This person can request information and request changes to the account, **including authorising additional cardholders**, amending card limits, spend controls and account details.

2.1. Remove an Authorised Contact(s)

Please remove the following individual(s) as an Authorised Contact on the Billing Unit.

	Title	First Name	Middle Name	Last Name
1				
2				
3				
4				

2.2. Add a new Authorised Contact(s)

Please add the following individual(s) as an Authorised Contact on the Billing Unit.

New Authorised Contact

Please ensure **ALL** sections are completed.

Title Mr Mrs Miss Ms Other

If 'Other', please specify

First name

Middle name(s)

Surname

Date of birth

Preferred daytime
contact number

Business mobile
number

Business
Email address

Security password

Signature

Please indicate the authority level that will apply to the above individual by crossing the relevant box below. Only one authority level per individual can be selected:

Programme Administrator

Authority Holder

Account Signatory

Cross here if this is the person to whom statements and correspondence should be sent to in future.

New Authorised Contact

Please ensure **ALL** sections are completed.

Title Mr Mrs Miss Ms Other

If 'Other', please specify

First name

Middle name(s)

Surname

Date of birth

Preferred daytime
contact number

Business mobile
number

Business
email address

Security password

Signature

Please indicate the authority level that will apply to the above individual by crossing the relevant box below. Only one authority level per individual can be selected:

Programme Administrator

Authority Holder

Account Signatory

Cross here if this is the person to whom statements and correspondence should be sent to in future.

New Authorised Contact

Please ensure **ALL** sections are completed.

Title Mr Mrs Miss Ms Other

If 'Other', please specify

First name

Middle name(s)

Surname

Date of birth

Preferred daytime
contact number

Business mobile
number

Business
Email address

Security password

Signature

Please indicate the authority level that will apply to the above individual by crossing the relevant box below. Only one authority level per individual can be selected:

Programme Administrator

Authority Holder

Account Signatory

Cross here if this is the person to whom statements and correspondence should be sent to in future.

2.3. Change the authority level of an existing Authorised Contact(s)

Existing Authorised Contact

Title

First name

Middle name(s)

Surname

Please indicate the new authority level that will apply to the above individual by crossing the relevant box below. Only one authority level per individual can be selected:

Programme Administrator

Authority Holder

Account Signatory

Cross here if this is the person to whom statements and correspondence should be sent to in future.

Existing Authorised Contact

Title

First name

Middle name(s)

Surname

Please indicate the new authority level that will apply to the above individual by crossing the relevant box below. Only one authority level per individual can be selected:

Programme Administrator

Authority Holder

Account Signatory

Cross here if this is the person to whom statements and correspondence should be sent to in future.

Existing Authorised Contact

Title

First name

Middle name(s)

Surname

Please indicate the new authority level that will apply to the above individual by crossing the relevant box below. Only one authority level per individual can be selected:

Programme Administrator

Authority Holder

Account Signatory

Cross here if this is the person to whom statements and correspondence should be sent to in future.

5. Change of Authorised Signatory

5.1. Remove an Authorised Signatory

Please remove the following individual as Authorised Signatory on the Billing Unit.

Title

First name

Middle name(s)

Surname

5.2. Add an Authorised Signatory

This will be the person(s) who can exercise all of those functions of a Programme Administrator, an Authority Holder, and an Account Signatory and, in addition, open and close billing units and appoint or remove Programme Administrators, Authority Holders, Account Signatories and Authorised Signatories.

The person nominated as an Authorised Signatory is authorised, in accordance with your existing signing authorisation.

I/We nominate the Authorised Signatory listed below to be an Account Signatory who can request information and request changes to the account, including authorising additional cardholders, amending card limits, spend controls and account details.

Title

Mr

Mrs

Miss

Ms

Other

If 'Other', please specify

First name

Middle name(s)

Surname

Date of birth

Security password

Email Address

Mobile number

Alternative telephone
number

Job title

Signature

6. Change of address

6.1. Change of business address

If you bank with Natwest please ensure that you have updated the address on your bank account.

New Address: Please ensure all fields are completed.

Address line 1

Address line 2

Address line 3

Town or City

Postcode

Preferred day time
contact number

Business mobile number

Business email address

This amendment is to take place as soon as possible? Yes No

6.2. Change of cardholder address

If you bank with Natwest please ensure that you have updated the address on your bank account.

New Address: Please ensure all fields are completed.

Existing cardholder /
Lodge card name

Existing cardholder /
Lodge card number

Address line 1

Address line 2

Address line 3

Town or City

Postcode

Preferred day time
contact number

Business mobile number

Business email address

This amendment is to take place as soon as possible? Yes No

Authority to accept requests for information and instructions.

- 1. For Programme Administrators** the organisation agrees and confirms that NatWest is authorised to provide information on any of the Commercial Card accounts in the organisation's name to a Programme Administrator provided:
 - written, fax, email requests reasonably appear to be signed by a Programme Administrator
 - verbal requests from a Programme Administrator can be identified by agreed security questions.
- 2. For Authority Holders** the organisation agrees and confirms that NatWest is authorised to provide information and accept instructions on any of the Commercial Card accounts in the organisation's name from an Authority Holder provided:
 - written, fax, email requests reasonably appear to be signed by an Authority Holder
 - verbal requests from an Authority Holder can be identified by agreed security questions.
- 3. For Account Signatories** the organisation agrees and confirms that NatWest is authorised to provide information and accept instructions on any of the Commercial Card accounts in the organisation's name from an Account Signatory provided:
 - written, fax, email requests reasonably appear to be signed by an Account Signatory
 - verbal requests from an Account Signatory can be identified by agreed security questions.
- 4. For Authorised Signatories** the organisation agrees and confirms that NatWest is authorised to provide information and accept instructions on any of the Commercial Card accounts in the organisation's name from an Authorised Signatory provided:
 - written, fax, email requests reasonably appear to be signed by an Authorised Signatory.
5. If NatWest cannot identify a Programme Administrator, Authority Holder or Account Signatory by agreed security questions in relation to a verbal request or instruction (as the case may be) then NatWest may request such request or instruction to be made in writing.
6. The organisation will notify NatWest of any changes to an Authorised Signatory, Account Holder, Account Signatory & Programme Administrator. Such notifications must be in writing and reasonably appear to be signed by an Authorised Signatory.
7. The provisions of this Authority are in addition to and not in substitution for the provisions of the organisation's prevailing authorisation and the appropriate product Terms and Conditions.

Authorisation by the business/organisation

Signed in accordance with the card programme Application Form as amended by previously completed Amendment Forms.

Authorised signature(s)

Name (title, first name and surname)

Date

Authorised signature(s)

Name (title, first name and surname)

Date

Once completed and signed, please scan the form and email to: Amendmentforms@natwest.com