## **Amendment Form**



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.rbs.co.uk/privacy.

#### Who we are

The organisation responsible for processing personal and financial information is The Royal Bank of Scotland 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 existing authorised contact(s) – complete 2.3

Add a new authorised contact(s) - complete 2.2

**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				

3							
4							
2.2. Add a new Auth							
Please add the follow	•	n Authorised	Contact on	the Billing Uni	t.		
New Authorised Cor	ntact						
Please ensure <b>ALL</b> se	ections are complete	d.					
Title	Mr Mrs	Miss	Ms	Other			
	If 'Other', please s	pecify					
First name			Mi	ddle 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 <b>ALL</b> sections are completed.							
Title	Mr Mrs	Miss	Ms	Other			
	If 'Other', please specify						
First name	First name Middle name(s)						

RBS201483
RBSCommcardamendform/0424
90551300
Page 2 of 9

Surname

Date of birth						
Preferred daytim contact number	ne					
Business mobile number						
Business email address						
Security passwo	rd					
Signature						
Please indicate to below. Only one					vidualby crossing the relevant	t box
Programme Adı	ministrator					
<b>Authority Holde</b>	er					
Account Signate	ory					
Cross here	if this is the p	erson to wh	om stateme	nts and corr	espondence should be sent to i	in future.
New Authorised	d Contact					
Please ensure Al	<b>LL</b> sections a	e complete	ed.			
Title	Mr	Mrs	Miss	Ms	Other	
	If 'Othe	r', please s	pecify			
First name				M	liddle name(s)	
Surname						
Date of birth Preferred daytim contact number Business mobile number Business Email address	ne					
Security passwo	rd					
Signature						
Please indicate t	ne authority l	evel that w	III apply to th	e above ind	ividual by crossing the relevant	t box

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**

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

RBS201483 RBSCommcardamendform/0424 90551300 Page 4 of 9

**Account Signatory** 

Cross here

3. Cardholder/Lodge Account changes							
Existing Cardholder/ Lodge Account name:							
Card/Lodge Account number:							
Please complete as required:							
(e.g. upon marriage) New Cardholder/							
Lodge Account name (title, first name and surname or departmental name – maximum 19 characters including spaces)							
Email address							
3.2. Cancel a Card/Lodge Account – I/we confirm that any current cards will be destroyed.							
<b>3.3.</b> New monthly card limit required $_{\mathfrak{L}}$							
If this is a temporary limit change, please indicate the date the limit is to revert back to the current limit							
Date							
<b>3.4.</b> New single transaction limit required £							

# **3.5.** Card upgrade (onecard customers only)

Please issue a **one**card Gold to the cardholder named above to replace their existing **one**card

Please see RBS onecard Charges sheet for details of card fees, and Your Insurance Policies for full details of benefits, levels of cover and significant exclusions.

### 4. Merchant Category Group blocking

If you require transaction blocking to apply to selected cards or lodge accounts, please complete section 4.2 and 4.3 below.

**4.1.** If you require the same transaction blocking **to apply to all cards/lodge accounts** please cross this box and complete section 4.3 only.

#### 4.2. Card/Lodge Account details By completing this section the cards/lodge accounts detailed below will not be authorised to make transactions in the categories marked in section4.3. Cardholder Name/ Lodge Account Name Card/Lodge XXXXXX **Account Number** Cardholder Name/ Lodge Account Name Card/Lodge X X X X X X**Account Number** Cardholder Name/ Lodge Account Name Card/Lodge X X X X X X**Account Number** Cardholder Name/ Lodge Account Name Card/Lodge X X X X X X**Account Number** Cardholder Name/ Lodge Account Name Card/Lodge X X X X X XAccount Number 4.3. Merchant Category Group blocking details Mark all categories where cardholders or Lodge Accounts are NOT allowed to spend 1. Building services 19. Office stationery, equipment and supplies 2. Building materials 20. Computer equipment 3. Estates and garden services 21. Print and advertising 4. Utilities and non-automotive fuel 22. Books and periodicals 5. Telecommunication services 23. Mail and courier services 6. Catering and catering supplies 24. Miscellaneous industrial/commercial supplies 7. Cleaning services and supplies 25. Vehicles, servicing and spares 8. Training and educational 26. Automotive fuel 27. Travel 9. Medical supplies and services 10. Staff - temporary recruitment 28. Auto rental 29. Hotels and accommodation 11. Business clothing and footwear 30. Restaurants and bars 12. Mail order/Direct selling 13. Personal services 31. General retail and wholesale 14. Freight and storage 32. Leisure activities 15. Professional services 33. Miscellaneous 16. Financial services 34. Cash – cash withdrawal facility from ATM - cash over the branch counter/foreign 17. Clubs/Associations/Organisations currency outlets etc. 18. Statutory bodies

Please note that there may be some circumstances outside of the Bank's control where transactions with merchants are processed even though you have blocked that merchant category. Please refer to your Terms and/or your Relationship Manager for further information.

5. Change of Authoris	ed Signa	tory						
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	d Signato	ry						
	t Signator	y and, in a	ddition, oper	and close	billing ur	amme Administrator, an Autho nits and appoint or remove athorised Signatories.	orit	
The person nominated signing authorisation.	as an Autl	horised Sig	gnatory is aut	thorised, in	accorda	ance with your existing		
I/We nominate the Auth information and reques card limits, spend contr	st changes	to the ac	count, includi			atory who can request itional cardholders, amending		
Title	Mr	Mrs	Miss	Ms	Other	r		
P	f 'Other',	please spe	ecify					
First name				Mic	ddle nam	ne(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 have with DDC places are use that you have undeted the address on your havel account					
If you bank with RBS 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 RBS 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

Town or City

Address line 3

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.

- For Programme Administrators the organisation agrees and confirms that RBS 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 RBS 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 RBS 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 RBS 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 RBS 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 RBS may request such request or instruction to be made in writing.
- 6. The organisation will notify RBS 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)	Authorised signature(s)				
Name (title, first name and surname)	Name (title, first name and surname)				
Date	Date				

Once completed and signed, please scan the form and email to: businesscards@rbs.co.uk