Business Cash Card Add or Close Customer Site 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 will we 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	o.uk/privacy								
Who we are									
The organisation responsible for processing your personal and financial information is The Royal Bank of Scotland plc ("Royal Bank"), a member of NatWest Group. The personal information collected here will only be used to confirm your identity in the event that we have cont with you via telephone.									
Business / Organisati	on name								
Usasasasa									
User name									
2. Adding or closing	g a business site (This also could relate to a branch/store)								
To add a site	or to close a site (Please note closing a site will cancel all cards associated to the site)								
Site/Store/Branch no	ame								
Site reference (option	onal)								
Site address line 1									
Address line 2									
Address line 3									
Address line 4									
Postcode									

Account number

Sort code

The rest of this section only needs to be completed if you are adding a site. Please ensure ALL sections are completed.												
Cash Wi	thdrawal Lin	nit for site										
These de	etails are rel	ated to the s	ite Administro	itor								
Title	Mr	Mrs	Miss	Ms	Other	If '	other' p	ease spe	ecify			
First nar	ne											
Surname	е											
Date of	birth				(dd/mm/yyyy	y)						
Preferre	d daytime co	ontact numb	er									
Email ac	ldress											
3. Autho	orisation by	the busines	s/organisatio	າ								
Signed in	n accordance	e with the bo	ank account n	nandate								
Authorised signature(s)					Authorised signature(s)							
Name (ti	tle, first nam	ne and surno	me)		Name (title	e, first	name ar	nd surna	me)			
Date					Date							
Once co	mpleted and	l signed, pled	ase scan the f	orm and en	nail to: <u>busine</u>	esscas	hcard@r	bs.co.uk				