

Guidance notes

One Card Cards Online Application Form

When filling out this form, please complete in BLOCK CAPITALS and in black ink.

1. If you would like to receive your statements online, please complete sections 1, 2 and 3.

| 2. Complete and return Belfast BT1 5UB. | this form to: Ulster Bank Commercial Cards, 11-16 Donegall Square East, |
|--|---|
| Your information For details of how we wil | I use your information, please look for the padlock symbol below. |
| 1. Business details | |
| Company/Organisation name | |
| Corporate Account number | 5 5 6 9 6 9 |
| 2. Cards Online Admini | strator details |
| The personal data col | llected here will be used for identification purposes only. |
| Title | Mr Mrs Miss Miss Other (please specify) |
| First name | |
| Middle name(s) | |
| Surname | |
| Preferred daytime contact number | |
| Contact address | |
| Address line 1 | |
| Address line 2 | |
| Address line 3 | |
| Address line 4 | |
| Postcode | |
| E-mail address used for Cards Online e-statement notifications | |

| Security password | |
|--------------------------------|--|
| Date of birth (e.g. 29JAN1970) | DDMMMYYYY |
| Signature | |
| | |
| | |
| | Date |
| 3. Authorisation by the | company/organisation |
| The named Cards Online | e Administrator is authorised by the company/organisation to use Cards Online. |
| Authorised signature(s) | |
| | |
| | Date |
| | Date |
| Title | Mr Mrs Miss Ms Other |
| First name | (please specify) |
| First name | |
| Middle name(s) | |
| Surname | |
| | |
| Authorised signature(s) | |
| | |
| | |
| | Date |
| Title | Mr Mrs Miss Ms Other |
| | (please specify) |
| First name | |
| Middle name(s) | |
| Surname | |

For further assistance telephone the Cards Online Helpdesk on 0845 300 7295.