

Use this application form to detail the names of who you would like to have a debit card to access your account.

Daily limits on Debit Cards are as follows:

Cash withdrawals (ATM): £350

Point of Sale (POS): £unlimited (up to the value available in your account)

You can change the Point of Sale Limit and Cash Limit or you can request a Deposit Only Card (where no withdrawals are permitted) in the section below.

**Please note the card holder will have authority to withdraw funds from the account without authorisation from any other party.**

**1 Business Details**

Business name:	Sort code:	Account number:
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**2 Cardholder details**

Title: Mr/Mrs/Miss/Ms:	Date of Birth:
Forenames in Full:	Surname:
Address (including Post Code):	Mobile phone number: <small>(Mobile phone number required for 3D secure transactions made online. For more details visit <a href="http://danskebank.co.uk/3dsecure">danskebank.co.uk/3dsecure</a>)</small>
Name as it should appear on card: (maximum 22 characters)	Customer number:

<input type="checkbox"/>	<b>Type of Card:</b> Deposit only card (cannot be used to pay for goods and services)
<input type="checkbox"/>	I/we want the cardholder to be able to use their Debit Card to pay for goods and services to the value detailed below: ATM: £_____ (minimum of £50 per day)      POS: £_____

**Cardholder's signature**

By signing below, the cardholder is agreeing to have a Debit Card. We may need to verify the identity of the cardholders on the account. We use agencies including fraud prevention agencies to help us do this, and we can we do so electronically. Where we cannot verify the identity of these individuals electronically we will require identification and proof of address to be provided. If we need this we will contact you at a later date and advise you of the type of documents which will need to be provided.

Signature:       Date:

**Important information:**

I/we understand that the Mastercard Business Debit card will be posted to the Business address and the PIN will be posted to the Cardholder address (as detailed above)

By signing the resolution, you are confirming :

- (i) I/we understand that I/we will be liable for all transactions (as defined in the Debit Card term and conditions) which I/we or the cardholder authorise in line with the terms and conditions. I/we also understand that the cardholder can use the card to get information about the account (for example, finding out the balance and getting mini-statements from a cash machine).

You, as the Account Holder(s) can cancel this agreement by giving us written notice during the 14 day period after the day you enter into this agreement by signing below. If you cancel the agreement during this 14 day period, you will still be liable for any withdrawals or spending on the Debit Card before the cancellation.

Execution for an Unincorporated Club, Society, Association, Charity or Trust

We hereby certify that at a properly convened meeting of the Committee of

\_\_\_\_\_

held on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_ it was validly resolved that:

- (i) A mandate to use a debit card in the form set out above should be granted to the Card Holder described above; and)

Such resolution remains in full force and effect. It was duly passed in accordance with the rules of the Account holder

Please note that by signing below you are certifying the above minute to be true.

Date:	
Name of Chairman/Officer	Signature of Chairman/Officer
Name of Officer/Secretary	Signature of Officer/Secretary