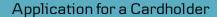
DEBIT MASTERCARD BUSINESS





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)

for any withdrawals or spending on the Debit Card before the cancellation.

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:
2 Cardholder details		
Title: Mr/Mrs/Miss/Ms:	Date of Birth:	
Forenames in Full:	Surname:	
Address (including Post Code):	Mobile phone number:	
	(Mobile phone numberrequired for 3 more details visit danskebank.co.uk/3	D secure transactions made online. For Idsecure)
Name as it should appear on card: (maximum 22 characters)	Customer number:	
Type of Card: Deposit only card (cannot be used to pay for goods and services) 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: £		
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 w to the Cardholder address (as detailed above) By signing the resolution, you are confirming: (i)	ctions (as defined in the Debit C ns and conditions. I/we also und nt (for example, finding out the ba	ard term and conditions) which erstand that the cardholder lance and getting mini-
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 lie ble		

DEBIT MASTERCARD BUSINESS Application for a Cardholder

Execution for an Unincorporated Club, Society, Asso	ciation, Charity or Trust		
We hereby certify that at a properly convened meeting of the Committee of			
held on the day of20 it was vali	idly 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		