

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.

Please ensure you complete the relevant sections fully and accurately otherwise these amendments cannot be made to your card account. Once printed make sure that the form is signed in section 7. Then send the form electronically to Commercial Card Operations using the appropriate email address: largemarketadmin@natwest.com
Alternatively you can send the completed form to: Ulster Bank, Commercial Cards Division, PO Box 244, Belfast BT2 7AY.

1. Amendment details

Please mark reason(s) for amending the card account (please mark an X in the appropriate box).

I would like to:

Appoint/Change authorised signatories (please complete section 3)

Appoint/Change programme co-ordinator (please complete section 3)

Remove a cardholder from the account (please complete section 4)

Change a cardholder name (please complete section 4)

Close a card or card account (please complete section 5)

Change of address (please complete section 6 as required)

In all cases, sections 2 and 7 must be completed.

2. Business details

Business name (as it appears on your OneCard)

Billing unit number (please insert your 16 digit OneCard account number as shown on your summary statement)

5	5	6	9	6	9		
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3. Administrative changes

The personal data collected here will be used for identification purposes only.

3.1 New Authorised Signatory or additional/New Programme Co-ordinator

(Please mark an X in the appropriate box)

Title Mr Mrs Miss Ms Other

If 'Other', please specify

First name

Middle name(s)

Surname

Residential address

Address line 2

Address line 3

Address line 4

Preferred daytime
contact number

(Including extension if applicable)

E-mail address

Security password

(Programme Co-ordinator only)

Date of birth

(DD/MM/YYYY)

Signature

Date (DD/MM/YYYY)

Select here If this is the person to whom statements and correspondence should be sent to in future.

(This can only be set up for one person per account)

3.2 Current Authorised Signatory/Programme Co-ordinator to be removed

Name (title, first name and surname) _____

Ulster Bank, a business name of National Westminster Bank Plc ("NatWest"), registered in England and Wales
(Registered Number 929027). Registered Office: 250 Bishopsgate, London, EC2M 4AA.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation
Authority, and entered on the Financial Services Register (Registration Number 121878) except in respect of our consumer credit
products for which Ulster Bank is licensed and regulated by the Office of Fair Trading. Calls may be recorded.

4. Cardholder changes

4.1 Current cardholder's details (to be removed or changed)

Existing cardholder name
(as it appears on your OneCard) _____

Card number

Please mark as appropriate:

This card is no longer required

Please change a cardholder's name
due to marriage status etc.
(please complete section 4.2)

I confirm that the current card will be destroyed.

4.2 Cardholder's new details

Title Mr Mrs Miss Ms Other

If 'Other', please specify

First name Middle name(s)

Surname

Name as you wish it to appear on the card

Name

(title, first name, middle initial and surname (max. 21 characters incl. spaces))

Must be completed

Residential address

Address line 2

Address line 3

Address line 4

Preferred daytime
contact number _____
(Including extension if applicable)

Cardholder's new signature

Date (DD/MM/YYYY) _____

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5. Card closure or card account closure

Close individual cards (complete section 5.1)

or

Close corporate account (complete section 5.2)

5.1 Card closure

Party 1

Existing cardholder name

Card number

I / We can confirm that any current cards have been destroyed

Party 2

Existing cardholder name

Card number

I / We can confirm that any current cards have been destroyed

Party 3

Existing cardholder name

Card number

I / We can confirm that any current cards have been destroyed

Party 4

Existing cardholder name

Card number

I / We can confirm that any current cards have been destroyed

5.2 Close corporate account

Please be aware that you will need to cancel any existing direct debits for the cards that have been closed.

Please select this box if you wish to close your card account

All individual cards under this account will also be closed.

I / We can confirm that any current cards have been destroyed

6. Change of Address

6.1 Change of business address

If you bank with Ulster Bank please ensure that you have updated the address on your bank account.

New Address: Please ensure all fields are completed

Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Town or city	<input type="text"/>
Post code	<input type="text"/> <input type="text"/>
Preferred daytime contact number	<input type="text"/>
Business mobile number	<input type="text"/>
Business email address	<input type="text"/>

This amendment is to take place as soon as possible? Yes No

6.2 Change of cardholder address

If you bank with Ulster Bank please ensure that you have updated the address on your bank account.

New Address: Please ensure all fields are completed

Existing cardholder name	<input type="text"/>
Existing cardholder number	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Town or city	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/>
Preferred telephone / mobile number	<input type="text"/>
Alternative telephone / mobile number	<input type="text"/>
Email address	<input type="text"/>

This amendment is to take place as soon as possible? Yes No

7. Authorisation by the business

Signed in accordance with reference to the Authorised Signatories as listed in the application form.

Authorised signature(s)

In accordance with the authority held by the Bank.

Name (title, first name and surname)

Date (DD/MM/YYYY)

In accordance with the authority held by the Bank.

Name (title, first name and surname)

Date (DD/MM/YYYY)

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