



Business Account Card Application

This form can be used for the following business types. Please tick the appropriate option: Trust Sole Trader Partnership (limited or general) Unincorporated Association (eg Academy/Club/Church) Company LLP

Branch Details

Sort Code Account Number (the "Account")
Branch Name

Customer Details

Business Name
Trading Address
 Post code
Company/LLP Number
Registered Office (if different from above)
 Post code

Account Holder(s) to Complete

To Clydesdale Bank PLC (trading as both Clydesdale Bank and Yorkshire Bank) ("you" or "Bank")

I/We authorise and request you to issue a Debit Mastercard (withdraw cash from ATM/make payment to suppliers for goods and services*)

to (the "Cardholder") and debit to my/our Account, all Card transactions made using this Card by the Cardholder even if this has the effect of creating Unplanned Borrowing or increasing an Unplanned Borrowing facility on the Account.

This authority shall apply until you receive written notice from me/us to the contrary and the relevant card(s) are returned to you.

I/We understand that the Business will continue to be liable for any overdraft balance on the Account as well as any applicable fees, charges, and interest that may be applied to the Account. If the Business is a partnership, trust or unincorporated association the liability of each partner (or general partner), trustee or member shall be joint and several.

I/We understand and agree that the Cardholder can withdraw cash from ATM subject to any maximum that the Bank shall from time to time determine/make payments to Suppliers for goods and services up to the available balance held in the Account*.

I/We request that the Card be issued subject to the Card Terms and Conditions detailed within the Business Current and Savings Account Terms and Conditions, a copy of which has been supplied to me/us and by which I/we hereby agree to be bound.

If the business/organisation is a Limited Company/Limited Liability Partnership/Partnership/Limited Partnership/Unincorporated Association/Other:

We confirm that a meeting has taken place where the Directors/Members/Partners/General Partners/Committee Members passed the Resolution above and that this Resolution has been recorded in the minute book.

Signature	<input type="text"/>	Official position	<input type="text"/>
		Date	<input type="text"/>
Signature	<input type="text"/>	Official position	<input type="text"/>
		Date	<input type="text"/>
Signature	<input type="text"/>	Official position	<input type="text"/>
		Date	<input type="text"/>
Signature	<input type="text"/>	Official position	<input type="text"/>
		Date	<input type="text"/>

* Additional functions may be offered on cards at some future date.

** Delete as applicable.

Notes on Signatures required

To be signed by following officials:

Limited Company - Two Directors or One Director and Company Secretary must sign. **Limited Liability Partnership** - Two Members must sign. **Trust** - The Trustee must sign (Where there is more than one trustee on the account, a Debit Card is not available). **Unincorporated Association** - All Members/Committee Members must sign (unless the constitutional documents specifies otherwise). **Partnership/Limited Partnership** - All Partners/General Partners must sign (unless the Partnership Deed specifies otherwise). **Sole Trader** - The Sole Trader must sign, **Other Entity Type** - to be signed in accordance with the Entity's constitutional documents.

Cardholder to Complete

Mr/Mrs/Miss/Ms	<input type="text"/>	Name	<input type="text"/>
Current Address	<input type="text"/>		
Post code	<input type="text"/>		
Telephone	Landline <input type="text"/>	Mobile	<input type="text"/>
Email Address	<input type="text"/>		
If less than 2 years at current address			
Previous Address	<input type="text"/>		
Post code	<input type="text"/>		
Date of Birth	<input type="text"/>	Mothers Maiden Name	<input type="text"/>

- a) I, the person referred to above, apply for the Card indicated overleaf for use on the Account.
- b) I apply for a Personal Identification Number (PIN) for use with the Card.
- c) I acknowledge receipt of a copy of the Card Terms and Conditions (included in the Business Current and Savings Account Terms and Conditions) and understand that for my benefit and protection, I should read these terms and conditions carefully before signing this mandate. If I do not understand any point, I will ask for further information.
- d) I understand my usage of the card may create Unplanned Borrowing or increase an Unplanned Borrowing facility on the Account, and may cause fees, including Unplanned Borrowing fees, to be applied to the Account.
- e) Unplanned Borrowing is when the account goes overdrawn without the Banks prior agreement. I understand that I can find more details on Unplanned Borrowing and the fees applicable to the Account in the Business Terms and Conditions and I will ask for more information if I do not understand any point.

Use of Personal Information

I confirm I have read the Bank's Fair Processing Notice provided to me as part of this application. By signing this application form, I confirm I am aware of my personal information being used in the manner described in the notice.

Marketing Preference

From time to time, we think of new offers and products that could save you money or make your life easier. These will be from us and may include details from our selected partners. Can we let you know about them? If so, please tell us the best way to get in touch.

- Email
- Internet and mobile banking
- Messaging (inc SMS)
- Phone;
- Post.

Your preferences can be changed or you can choose to stop receiving marketing communications at any time online, via branch or by calling us.

Find out more about our partners and the type of information that we use to help us tell you about these offers and products by visiting our Fair Processing Notice at www.ybonline.co.uk/privacy and also at www.cbonline.co.uk/privacy.

Signature	<input type="text"/>	Date	<input type="text"/>
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Bank Use Only

Details Checked

- | | |
|--|---|
| <input type="checkbox"/> Address confirmed | <input type="checkbox"/> Account/Customer numbers checked |
| <input type="checkbox"/> Telephone number/Date of birth checked (and updated on RM if necessary) | <input type="checkbox"/> Signature verified |
| <input type="checkbox"/> CallValidate has been carried out. | |

CallValidate reference (mandatory)

Input Details

Customer Number	<input type="text"/>
Party Number	<input type="text"/>
Card type	<input type="checkbox"/> Business Debit Mastercard
Order new card	Yes
Stop PIN Issue	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Card to branch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials of Staff authorising card(s)	<input type="text"/>