

This Amendment Form should be used for the following types of organisations:

- Limited companies
- Other bodies corporate, e.g. limited liability partnerships, charitable incorporated organisations, and bodies established by statute
- Public sector organisations
- Partnerships of four or more partners
- Charities without individuals as trustees

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.

How we will use your information

Before continuing with this application, please read the information below which explains how we will use your personal and financial information during this application.

Who we are

The organisation responsible for processing your information is The Royal Bank of Scotland plc.

The personal information collected here will only be used to confirm your identity in the event that we have contact with you via telephone.

1. Billing Unit details

Business/
Organisation name

Billing Unit name

Billing Unit number* – please insert your 16 digit account number as shown on your Summary Statement:

***We are unable to process your application without the Billing Unit number.**

Please cross the options below that apply and complete the relevant section:

Changes to Authorised Contacts – complete section 2 as required

Cards Online Administrator registration – complete section 3

Cardholder/Virtual Account changes – complete section 4 as required

Merchant Category Group blocking – complete section 5 as required

Change of Authorised Signatory – complete section 6 as required

2. Changes to Authorised Contacts

Please cross the option(s) below that apply and complete the relevant section(s):

Remove an authorised contact(s) – complete 2.1 Change the authority level of an

Add a new authorised contact(s) – complete 2.2 existing authorised contact(s) – complete 2.3

Important Note: For options 2.2 & 2.3 please note the authority levels as described below when considering the appointment of the Authorised Contact(s):

- **Programme Administrator**

This person can request information about the card programme.

- **Authority Holder**

This person can request information about the card programme and request changes to the account including amending limits, spend controls and account details.

- **Account Signatory**

This person can request information and request changes to the account, **including authorising additional cardholders**, amending card limits, spend controls and account details.

2.1. Remove an Authorised Contact(s)

Please remove the following individual(s) as an Authorised Contact on the Billing Unit.

	Title	First Name	Middle Name	Last Name
1				
2				
3				
4				

2.2. Add a new Authorised Contact(s)

Please add the following individual(s) as an Authorised Contact on the Billing Unit.

New Authorised Contact

Please ensure **ALL** sections are completed.

Title Mr Mrs Miss Ms Other

If 'Other', please specify

First name Middle name(s)

Surname

Date of birth

Preferred daytime contact number

Business mobile number

Business email address

Security password

Signature

Please indicate the authority level that will apply to the above individual by crossing the relevant box below:

Programme Administrator

Authority Holder

Account Signatory

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

New Authorised Contact

Please ensure **ALL** sections are completed.

Title Mr Mrs Miss Ms Other

If 'Other', please specify

First name Middle name(s)

Surname

Date of birth

Preferred daytime contact number

Business mobile number

Business email address

Security password

Signature

Please indicate the authority level that will apply to the above individual by crossing the relevant box below:

Programme Administrator

Authority Holder

Account Signatory

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

New Authorised Contact

Please ensure **ALL** sections are completed.

Title Mr Mrs Miss Ms Other

If 'Other', please specify

First name Middle name(s)

Surname

Date of birth

Preferred daytime contact number

Business mobile number

Business email address

Security password

Signature

Please indicate the authority level that will apply to the above individual by crossing the relevant box below:

Programme Administrator

Authority Holder

Account Signatory

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

2.3. Change the authority level of an existing Authorised Contact(s)

Existing Authorised Contact

Title

First name Middle name(s)

Surname

Please indicate the new authority level that will apply to the individual named above.

Programme Administrator

Authority Holder

Account Signatory

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

Existing Authorised Contact

Title

First name Middle name(s)

Surname

Please indicate the new authority level that will apply to the individual named above.

Programme Administrator

Authority Holder

Account Signatory

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

Existing Authorised Contact

Title

First name Middle name(s)

Surname

Please indicate the new authority level that will apply to the individual named above.

Programme Administrator

Authority Holder

Account Signatory

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

3. Cards Online Administrator details

If you have not registered for Cards Online and you would like to receive your statements and management information online, please complete this section.

E-statement notifications will be sent to the person nominated below who will be able to view statements, monitor cardholder activity and close/order replacement cards.

Name (title, first name and surname)

Preferred daytime contact number

E-mail address used for Cards Online e-statement notifications and management information reports

Date of birth

Security password

Note: If you wish to appoint the above person as an Authorised Contact as well, please complete section 2.2.

4. Cardholder/Virtual Account changes

Existing Cardholder/ Virtual Account name:

Card/Virtual Account number:

Please complete as required:

4.1. Change of name (e.g. upon marriage)

New Cardholder/
Virtual Account name

(title, first name and surname or departmental name – maximum 19 characters including spaces)

E-mail address

4.2. Cancel a Card/Virtual Account – I/we confirm that any current cards will be destroyed.

4.3. New monthly card limit required

£

If this is a temporary limit change, please indicate the date the limit is to revert back to the current limit

Date

4.4. New single transaction limit required

£

4.5. Card upgrade (**onecard** customers only)

Please issue a **onecard** Gold to the cardholder named above to replace their existing **onecard**

Please see RBS onecard Charges sheet for details of card fees, and Your Insurance Policies for full details of benefits, levels of cover and significant exclusions.

5. Merchant Category Group blocking

If you require transaction blocking to apply to selected cards or virtual accounts, please complete section 5.2 and 5.3 below.

5.1. If you require the same transaction blocking to apply to all cards/virtual accounts please cross this box and complete section 5.3 only.

5.2. Card/Virtual Account details

By completing this section the cards/virtual accounts detailed below will not be authorised to make transactions in the categories marked in section 5.3.

Cardholder Name/ Virtual Account Name	<input type="text"/>
Card/Virtual Account Number	<input type="text" value="X X X X X X"/>
Cardholder Name/ Virtual Account Name	<input type="text"/>
Card/Virtual Account Number	<input type="text" value="X X X X X X"/>
Cardholder Name/ Virtual Account Name	<input type="text"/>
Card/Virtual Account Number	<input type="text" value="X X X X X X"/>
Cardholder Name/ Virtual Account Name	<input type="text"/>
Card/Virtual Account Number	<input type="text" value="X X X X X X"/>
Cardholder Name/ Virtual Account Name	<input type="text"/>
Card/Virtual Account Number	<input type="text" value="X X X X X X"/>

5.3. Merchant Category Group blocking details

Mark all categories where cardholders or Virtual Accounts are **NOT allowed to spend**

- | | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| 1. Building services | <input type="checkbox"/> | 19. Office stationery, equipment and supplies | <input type="checkbox"/> |
| 2. Building materials | <input type="checkbox"/> | 20. Computer equipment | <input type="checkbox"/> |
| 3. Estates and garden services | <input type="checkbox"/> | 21. Print and advertising | <input type="checkbox"/> |
| 4. Utilities and non-automotive fuel | <input type="checkbox"/> | 22. Books and periodicals | <input type="checkbox"/> |
| 5. Telecommunication services | <input type="checkbox"/> | 23. Mail and courier services | <input type="checkbox"/> |
| 6. Catering and catering supplies | <input type="checkbox"/> | 24. Miscellaneous industrial/commercial supplies | <input type="checkbox"/> |
| 7. Cleaning services and supplies | <input type="checkbox"/> | 25. Vehicles, servicing and spares | <input type="checkbox"/> |
| 8. Training and educational | <input type="checkbox"/> | 26. Automotive fuel | <input type="checkbox"/> |
| 9. Medical supplies and services | <input type="checkbox"/> | 27. Travel | <input type="checkbox"/> |
| 10. Staff – temporary recruitment | <input type="checkbox"/> | 28. Auto rental | <input type="checkbox"/> |
| 11. Business clothing and footwear | <input type="checkbox"/> | 29. Hotels and accommodation | <input type="checkbox"/> |
| 12. Mail order/Direct selling | <input type="checkbox"/> | 30. Restaurants and bars | <input type="checkbox"/> |
| 13. Personal services | <input type="checkbox"/> | 31. General retail and wholesale | <input type="checkbox"/> |
| 14. Freight and storage | <input type="checkbox"/> | 32. Leisure activities | <input type="checkbox"/> |
| 15. Professional services | <input type="checkbox"/> | 33. Miscellaneous | <input type="checkbox"/> |
| 16. Financial services | <input type="checkbox"/> | 34. Cash – cash withdrawal facility from ATM | <input type="checkbox"/> |
| 17. Clubs/Associations/Organisations | <input type="checkbox"/> | – cash over the branch counter/foreign | |
| 18. Statutory bodies | <input type="checkbox"/> | currency outlets etc. | |

Please note that there may be some circumstances outside of the Bank's control where transactions with merchants are processed even though you have blocked that merchant category. Please refer to your Terms and/or your Relationship Manager for further information.

6. Change of Authorised Signatory

6.1. Remove an Authorised Signatory

Please remove the following individual as Authorised Signatory on the Billing Unit.

Title	<input type="text"/>	
First name	<input type="text"/>	Middle name(s) <input type="text"/>
Surname	<input type="text"/>	

6.2. Add an Authorised Signatory

This will be the person(s) who can exercise all of those functions of a Programme Administrator, an Authority Holder, and an Account Signatory and, in addition, open and close billing units and appoint or remove Programme Administrators, Authority Holders, Account Signatories and Authorised Signatories.

The person nominated as an Authorised Signatory is authorised, in accordance with your existing signing authorisation.

I/We nominate the Authorised Signatory listed below to be an Account Signatory who can request information and request changes to the account, including authorising additional cardholders, amending card limits, spend controls and account details.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	
	If 'Other', please specify					<input type="text"/>
First name	<input type="text"/>	Middle name(s)	<input type="text"/>			
Surname	<input type="text"/>					
Date of birth	<input type="text"/>					
Security password	<input type="text"/>					
Job title	<input type="text"/>					
Signature	<input type="text"/>					

Authority to accept requests for information and instructions.

- 1. For Programme Administrators** the organisation agrees and confirms that RBS is authorised to provide information on any of the Commercial Card accounts in the organisation's name to a Programme Administrator provided:
 - written, fax, email requests reasonably appear to be signed by a Programme Administrator
 - verbal requests from a Programme Administrator can be identified by agreed security questions.
- 2. For Authority Holders** the organisation agrees and confirms that RBS is authorised to provide information and accept instructions on any of the Commercial Card accounts in the organisation's name from an Authority Holder provided:
 - written, fax, email requests reasonably appear to be signed by an Authority Holder
 - verbal requests from an Authority Holder can be identified by agreed security questions.
- 3. For Account Signatories** the organisation agrees and confirms that RBS is authorised to provide information and accept instructions on any of the Commercial Card accounts in the organisation's name from an Account Signatory provided:
 - written, fax, email requests reasonably appear to be signed by an Account Signatory
 - verbal requests from an Account Signatory can be identified by agreed security questions.
- 4. For Authorised Signatories** the organisation agrees and confirms that RBS is authorised to provide information and accept instructions on any of the Commercial Card accounts in the organisation's name from an Authorised Signatory provided:
 - written, fax, email requests reasonably appear to be signed by an Authorised Signatory.
5. If RBS cannot identify a Programme Administrator, Authority Holder or Account Signatory by agreed security questions in relation to a verbal request or instruction (as the case may be) then RBS may request such request or instruction to be made in writing.
6. The organisation will notify RBS of any changes to an Authorised Signatory, Account Holder, Account Signatory & Programme Administrator. Such notifications must be in writing and reasonably appear to be signed by an Authorised Signatory.
7. The provisions of this Authority are in addition to and not in substitution for the provisions of the organisation's prevailing authorisation and the appropriate product Terms and Conditions.

Authorisation by the business/organisation

Signed in accordance with the card programme Application Form as amended by previously completed Amendment Forms.

Authorised signature(s)

Authorised signature(s)

Name (title, first name and surname)

Name (title, first name and surname)

Date

Date