

VISA DEBIT CARD APPLICATION FORM

For existing Society, Club and Association account customers

Please complete this form in BLOCK CAPITALS and black ink and return it to: Cater Allen Private Bank, 9 Nelson Street, Bradford, BD1 5AN in the pre-paid envelope provided. If you need any help to complete this form please call us on 0800 092 3300.

1 Account details

Applicant(s) to complete

As Visa Cards operate on a single signature, they are only available where the Account Mandate allows for all transactions to be signed by any one of the Authorised Signatories. Please note: maximum of two cardholders allowed per account, and both must be a signatory on the Account. Cards are subject to status.

Name of organisation

Address

Postcode

Telephone

Mr Mrs Ms Miss

Other If 'Other' please state

Forename(s)

Middle name(s)

Surname

Existing Cater Allen account number

2 Personal details

Applicant(s) to complete

Please note that only an existing authorised signatory of the Account may hold a Visa Debit Card.

First Authorised Signatory/Card Holder

Mr Mrs Ms Miss

Other If 'Other' please state

Forename(s)

Middle name(s)

Surname

Any other name you have been, or are, known by

Mother's maiden name

Male Female

Nationality

Date of birth

Country of birth

Do you have dual nationality?

Yes No

If 'Yes' please specify which country

Current home address (permanent residential address)

Postcode

Country of residence

Name to appear on card (19 characters maximum)

Please tick this box if you **don't want** your card to have contactless functionality

2 Personal details (continued)

Applicant(s) to complete

Second Authorised Signatory/Card Holder

Mr Mrs Ms Miss
Other If 'Other' please state

Forename(s)

Middle name(s)

Surname

Any other name you have been, or are, known by

Mother's maiden name

Male Female

Nationality

Date of birth

Country of birth

Do you have dual nationality?
Yes No

If 'Yes' please specify which country

Current home address (permanent residential address)

 Postcode

Country of residence

Name to appear on card (19 characters maximum)

Please tick this box if you **don't want** your card to have contactless functionality

3 Declaration

Applicant(s) to complete

I/We wish to apply for a Cater Allen Visa Debit Card to operate on my/our existing Bank Account with you and agree to use the card(s) in accordance with the Terms and Conditions for the account. I/We declare that I am/we are over the age of 18 years and the information contained in this application is true and correct. If I/we have cards on this Account, I/we understand that information relating to financial transactions carried out by use of my/our cards on my/our Account may be given to the payment system, Visa, under which you issue my/our cards, who may transfer the information overseas to process the transactions, to resolve disputes and for statistical purposes.

First Card Holder

Full name

Signature

Date

Second Card Holder

Full name

Signature

Date

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print, Braille and Audio CD. If you would like to register to receive correspondence in an alternative format please contact us on 0800 092 3300. For the hard of hearing and/or speech impaired please use the Text Relay service. Further details can be found at <http://ngts.org.uk/>

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