

Cardholder details

Business debit card Individual Users

Card 3

Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Any other name(s) you have been known as during the last six years	
<input type="text"/>	<input type="text"/>	
Date of birth	Nationality	
<input type="text"/> Day Month Year	<input type="text"/>	
Home address		
<input type="text"/>		
<input type="text"/>		
Postcode		
<input type="text"/>		
Time at current address:		
<input type="text"/> Years <input type="text"/> Months		
Previous home address (if moved within the last three years)		
<input type="text"/>		
<input type="text"/>		
Postcode		
<input type="text"/>		
Time at this address:		
<input type="text"/> Years <input type="text"/> Months		
Your consent: I authorise the bank to search the files of one or more Credit Reference Agencies, who will keep a record of that search, and make other enquiries the bank believes necessary to confirm the details on this application form and for credit assessment. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. It is important that you read and understand the section entitled 'Important – Your Personal Information' at the beginning of this application form and the 'Using your personal information' notice provided with the terms and conditions.		
By signing this application you agree that we can use your information in this way.		
Daily limit	Signature	
<input type="text"/>	<input type="text"/>	

If you require additional cards, please photocopy this page. (Maximum of 20 cards per organisation.)

Business/Organisation Declaration

I/We irrevocably authorise the Bank to issue a Co-operative Bank Business debit card to each of the individuals named in the 'Cardholder Details' section within this application. I/We understand and acknowledge that the Bank retains sole discretion as to whether an individual is given a card and that it will carry out certain checks against the named individuals, such as credit checks. I/We confirm that I/we have informed each named individual of the Business Account terms and conditions and security requirements associated with the issue of a debit card and I/we accept full responsibility for any failure by any cardholder to comply with these.

Name	<input type="text"/>
Position	<input type="text"/>
Signature 1	Date <input type="text"/> Day Month Year

Note

To authorise the issuing of debit cards to the individuals specified within the 'Cardholder Details' section, this form must be signed in accordance with your mandate signing instruction. Please photocopy this page if necessary.

Name	<input type="text"/>
Position	<input type="text"/>
Signature 2	Date <input type="text"/> Day Month Year

The **co-operative** bank

Business debit card Application

Please return your completed application form in the envelope provided or to: Customer Services, The Co-operative Bank p.l.c., P.O. Box 250, Skelmersdale WN8 6WT.

If you have any queries regarding this application form, you can contact us on the customer services telephone numbers, which are available on our website or your statement.

If you need any help completing your application form, you can contact us on the customer services telephone numbers, which are available on our website or your statement.

For bank use only – all sections must be completed prior to despatch to Customer Services

Print name

Signature

Date

The Co-operative Bank p.l.c. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (No.121885). The Co-operative Bank, Platform, smile and Britannia are trading names of The Co-operative Bank p.l.c., P.O. Box 101, 1 Balloon Street, Manchester M60 4EP. Registered in England and Wales No.990937. Credit facilities are provided by The Co-operative Bank p.l.c. and are subject to status and our lending policy. The Bank reserves the right to decline any application for an account or credit facility. The Co-operative Bank p.l.c. subscribes to the Standards of Lending Practice which are monitored by the Lending Standards Board.

*Calls to 0800 and 0808 numbers are free from landlines and mobiles. Calls to 03 numbers cost the same as calls to numbers starting with 01 and 02. Calls to 0845 and 0870 numbers cost 3p per minute, plus your phone company's access charge. Calls to 0844 and 0843 numbers cost 7p per minute, plus your phone company's access charge. Calls may be monitored or recorded for security and training purposes.

Cardholder details

Business debit card Individual Users

Card 2

Title	Forename (in full)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Any other name(s) you have been known as during the last six years	
<input type="text"/>	<input type="text"/>	
Date of birth	Nationality	
<input type="text"/> Day Month Year	<input type="text"/>	
Home address		
<input type="text"/>		
<input type="text"/>		
Postcode		<input type="text"/>
Time at current address:		<input type="text"/> Years <input type="text"/> Months
Previous home address (if moved within the last three years)		
<input type="text"/>		
<input type="text"/>		
Postcode		<input type="text"/>
Time at this address:		<input type="text"/> Years <input type="text"/> Months
<p>Your consent: I authorise the bank to search the files of one or more Credit Reference Agencies, who will keep a record of that search, and make other enquiries the bank believes necessary to confirm the details on this application form and for credit assessment. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. It is important that you read and understand the section entitled 'Important – Your Personal Information' at the beginning of this application form and the 'Using your personal information' notice provided with the terms and conditions.</p>		
By signing this application you agree that we can use your information in this way.		
Daily limit	Signature	
<input type="text"/>	<input type="text"/>	

Need help?

Contact a Customer Service Adviser on the customer services telephone numbers, which are available on our website or your statement.