

Business Charge Card Application

To apply for a Business Charge Card just follow the six easy steps below:

- 1** Complete all relevant sections in the application form using a black ballpoint pen and write clearly in CAPITAL LETTERS.
- 2** Ensure you have read, completed and signed Section 1.
- 3** Ensure the form is signed by the relevant parties in accordance with your bank mandate.
- 4** Ensure Section 4 'Individual cardholders' details' is completed by everyone who will be holding a card on the account.
- 5** Complete and sign the Direct Debit mandate in Section 5.
- 6** Post everything to us using the address below.
It may be useful if you keep a scanned copy or photocopy of your application before you send it to us.
Please send to:
Lending Services
The Co-operative Bank p.l.c.
P.O. Box 200
Skelmersdale
WN8 6GH
Commercial customers: return this application directly to your Relationship Manager.

All accounts opened in accordance with the Financial Services & Markets Act, Money Laundering Regulations and the General Data Protection Regulation.

Need help? Contact a Customer Service Adviser on 0345 606 6701*

Section 1 Important information

Declaration continued

- 5. The Bank is authorised to make any amendments to the list of cardholders, including the addition thereto from time to time of such individuals as may be advised to the Bank in writing by an appropriately authorised person (e.g. a Director in the case of a company, a Member, a Partner or an individual).
- 6. This authority shall remain in force notwithstanding any change in the constitution or name of any company, LLP, or partnership, and shall apply notwithstanding, in the case of a company or LLP, any change in the membership of the company or LLP and, in the case of a partnership, any change in the membership of the partnership due to death, bankruptcy, retirement or otherwise or the admission of any new partner or partners.
- 7. The Bank is authorised to make any searches with credit reference agencies which will keep a record of that search to confirm the details of this application for credit assessment.
- 8. These instructions shall be governed by and construed in accordance with English Law.
- 9. In the case of partnerships, LLPs and companies, the Partner, Member or Director who signs this confirms that he/she has the authority to sign for all Partners, Members or the company (respectively), that he/she has read the terms and conditions attached and agrees on behalf of himself/herself and all his/her Partners, Members or the company, as appropriate, to be bound thereby.

Your marketing preferences and consent declaration

At The Co-operative Bank p.l.c. (trading names – smile, Platform and Britannia) we would like to keep you up to date with details of our banking products and services such as: current accounts, savings, secured and unsecured lending products. If you consent to us contacting you for this purpose, please tick the relevant box(es):

You have the right to withdraw, object to, or change your marketing preferences at any time by calling us or visiting one of our branches.

by post ☐ by telephone ☐ by email ☐ by text message ☐

The Co-operative Bank p.l.c. would also like to keep you up to date with relevant products and services available to you by our carefully selected **third parties**. (Go to co-operativebank.co.uk/business/help-and-support/your-details/third-parties/ for a list of third parties.)

Please tick if you consent to this: ☐

Financial details

The credit limit will be determined by the Bank, **and could be changed** from time to time. You will be notified of your initial limit and any future changes in writing. You must make immediate payment to the Bank of the full amount shown due on the Monthly Business Charge Card reports. After the first 6 months, a fee of £2 per month will be debited to the card account in respect of services provided for each card issued. The Bank may vary this fee at any time subject to giving you written notice. A handling charge of 2% (min. charge £1.50) will be applied to cash advances obtained by use of the card. The Bank may vary this handling charge at any time and notification of any such variation shall be given to you by the Bank.

Name of organisation

1

Name (Director/Proprietor/Partner/Committee Member)

Signature

Date

2

Name (Director/Proprietor/Partner/Committee Member)

Signature

Date

If you require more than two people to sign please photocopy this section, complete and attach the additional page(s) to your application.

Information to be included

So that we may assess your request as quickly and efficiently as possible, please provide the following additional information and tick the box to show it has been enclosed.

☐

Please provide copies of your last three years' annual accounts (if available and not already held by us).

☐

Existing businesses who have not banked with The Co-operative Bank for at least three months should provide copies of the last six months' statements from your former bank. In the event of a recently established business, then copies of the last six months' Partners'/Directors' personal bank statements should be provided.

Should you require any assistance when completing this form, please call Customer Services on 0345 606 6701*.

Section 2 Organisation details

What does your business/organisation do? (please be specific)

Type of business/organisation? (please tick as relevant)

- ☐ Public Limited Company ☐ Private Limited Company ☐ Sole Trader ☐ Partnership
- ☐ Limited Liability Partnership ☐ Other
- ☐ Charity

Time at business address

Years			Months	

Number of employees

--

Length of time
organisation
established

Years			Months	

Current year
end date

Day	Month	Year			

Forecast turnover

£

Year

Annual turnover
(from latest
available account
of VAT submission)

£

Year

Business account details

Please provide your business account sort code and account number.

Sort code

		—			—		
--	--	---	--	--	---	--	--

Account number

--	--	--	--	--	--	--	--

Length of time with
present bank

Years			Months	

Bank name

Bank address

Town

City

Postcode

--	--	--	--	--	--	--

Section 3 Personal details – 1st party

This section is to be completed by the Key Account Parties in accordance with your account mandate. Key Account Parties are: Directors/Members/ Designated Members/Trustees/Committee Members/Partners.

Please provide three full years' address history for each person. If necessary, provide additional information on a separate sheet and attach to your application.

Title	Forename (in full)	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Any other name(s) you have been known as during the last six years		
<input type="text"/>		
Date of birth	<input type="text"/>	
	Day	Month Year
Nationality/Nationalities		
<input type="text"/>		
Position		
<input type="text"/>		
Who do you bank with?		
<input type="text"/>		
Please provide your branch sort code and account number.		
Branch sort code	Account number	
<input type="text"/>	<input type="text"/>	
Home address		
<input type="text"/>		
City		Town
<input type="text"/>		<input type="text"/>
Postcode		<input type="text"/>
<input type="text"/>		
Length of time at this address	<input type="text"/>	
	Years	Months
Previous home address (if moved within the last three years)		
<input type="text"/>		
City		Town
<input type="text"/>		<input type="text"/>
Postcode		<input type="text"/>
<input type="text"/>		
Length of time at this address	<input type="text"/>	
	Years	Months
Home telephone number (including STD code)		Mobile telephone number
<input type="text"/>		<input type="text"/>
Email address		
<input type="text"/>		

Personal guarantee

Directors of limited company/Members of LLP please note: you may be required to provide your personal guarantee to the Bank as a pre-condition to the company/LLP being provided with lending facilities. If so, you will be advised accordingly and further details will be requested from you.

Your consent

I authorise The Co-operative 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 Co-operative 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.

Applicant's signature. If you do not sign here, this will result in a delay in processing your application.

Section 3 Personal details – 2nd party

Title	Forename (in full)	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Any other name(s) you have been known as during the last six years		
<input type="text"/>		
Date of birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year
Nationality/Nationalities		
<input type="text"/>		
Position		
<input type="text"/>		
Who do you bank with?		
<input type="text"/>		
Please provide your branch sort code and account number.		
Branch sort code		Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address		
<input type="text"/>		
City		Town
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode		<input type="text"/>
Length of time at this address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Years	Months	
Previous home address (if moved within the last three years)		
<input type="text"/>		
City		Town
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode		<input type="text"/>
Length of time at this address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Years	Months	
Home telephone number (including STD code)		Mobile telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

Personal guarantee

Directors of limited company/Members of LLP please note: you may be required to provide your personal guarantee to the Bank as a pre-condition to the company/LLP being provided with lending facilities. If so, you will be advised accordingly and further details will be requested from you.

Your consent

I authorise The Co-operative 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 Co-operative 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.

Applicant's signature. If you do not sign here, this will result in a delay in processing your application.

Section 4 Individual cardholders' details

Applicant 1

Please issue The Co-operative Bank Business Charge Cards for the undermentioned, who by signing this form agree to be issued with a Co-operative Bank Business Charge Card and accept and abide by The Co-operative Bank Business Charge Card Conditions of Use. By signing this form, all cardholders authorise the Bank to search the files of one or more credit reference agencies which will keep a record of that search, and make any other enquiries the Bank believes necessary to confirm details on this form and for credit assessment. Please ensure that all details are completed and that each cardholder has signed.

Title	Forename (in full)	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Any other name(s) you have been known as during the last six years		
<input type="text"/>		
Date of birth	<input type="text"/>	
	Day	Month Year
Nationality/Nationalities		
<input type="text"/>		
Position		
<input type="text"/>		
Who do you bank with?		
<input type="text"/>		
Please provide your branch sort code and account number.		Credit limit (proportion of overall credit limit)
Branch sort code	Account number	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	
Please indicate if you wish to include Cash (ATM/Branch) withdrawals to be allowed by the cardholder		Bank use only
Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="text"/>
Home address		
<input type="text"/>		
City		Town
<input type="text"/>		<input type="text"/>
Postcode		
<input type="text"/>		<input type="text"/>
Length of time at this address		
<input type="text"/>		
Years		Months
Previous home address (if moved within the last three years)		
<input type="text"/>		
City		Town
<input type="text"/>		<input type="text"/>
Postcode		
<input type="text"/>		<input type="text"/>
Length of time at this address		
<input type="text"/>		
Years		Months
Home telephone number (including STD code)		UK Mobile telephone number (Must be a UK mobile number, this will allow us to occasionally send a one-time passcode when the card is used to make a purchase online).
<input type="text"/>		<input type="text"/>
Email address		
<input type="text"/>		

Your consent

I authorise The Co-operative 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 Co-operative 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.

Applicant's signature. If you do not sign here, this will result in a delay in processing your application.

Applicant 2

If there are more than two cardholders, please photocopy this page and attach the additional page(s) to your application.

Please issue The Co-operative Bank Business Charge Cards for the undermentioned, who by signing this form agree to be issued with a Co-operative Bank Business Charge Card and accept and abide by The Co-operative Bank Business Charge Card Conditions of Use. By signing this form, all cardholders authorise the Bank to search the files of one or more credit reference agencies which will keep a record of that search, and make any other enquiries the Bank believes necessary to confirm details on this form and for credit assessment. Please ensure that all details are completed and that each cardholder has signed.

Title	Forename (in full)	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Any other name(s) you have been known as during the last six years		
<input type="text"/>		
Date of birth	<input type="text"/>	
	Day	Month Year
Nationality/Nationalities		
<input type="text"/>		
Position		
<input type="text"/>		
Who do you bank with?		
<input type="text"/>		
Please provide your branch sort code and account number.		Credit limit (proportion of overall credit limit)
Branch sort code	Account number	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	
Please indicate if you wish to include Cash (ATM/Branch) withdrawals to be allowed by the cardholder Yes <input type="checkbox"/> No <input type="checkbox"/>		Bank use only
		<input type="text"/>
Home address		
<input type="text"/>		
City		Town
<input type="text"/>		<input type="text"/>
Postcode		
<input type="text"/>		<input type="text"/>
Length of time at this address	<input type="text"/>	
	Years	Months
Previous home address (if moved within the last three years)		
<input type="text"/>		
City		Town
<input type="text"/>		<input type="text"/>
Postcode		
<input type="text"/>		<input type="text"/>
Length of time at this address	<input type="text"/>	
	Years	Months
Home telephone number (including STD code)		UK Mobile telephone number (Must be a UK mobile number, this will allow us to occasionally send a one-time passcode when the card is used to make a purchase online).
<input type="text"/>		<input type="text"/>
Email address		
<input type="text"/>		

Your consent

I authorise The Co-operative 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 Co-operative 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.

Applicant's signature. If you do not sign here, this will result in a delay in processing your application.

Total organisation credit limit

£

Please note, total individual cardholder limits should not exceed the total organisation limit.

FOR BANK USE ONLY

Admin set ID numbers

Team

11

Branch sort code

		—			—		
--	--	---	--	--	---	--	--

Account number allocated

Account type

Marketing code

System decision

Final decision

Limit agreed

£

☐ Visa

Approved by (signature)

Name (print)

Section 5 Direct Debit mandate

The **co-operative** bank



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

The Co-operative Bank,
P.O. Box 150,
Delf House,
Skelmersdale,
Lancashire,
WN8 6GG.

Service user number

9	9	5	2	2	6
---	---	---	---	---	---

Name(s) of account holder(s)

Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instruction to your bank or building society

Please pay The Co-operative Bank Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Co-operative Bank and, if so, details will be passed electronically to my Bank/Building Society.

Bank/building society account number

--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Signature(s)

--

Date

--

Banks and building societies may not accept Direct Debit Instructions for some types of account.

DDI2

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit The Co-operative Bank will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Co-operative Bank to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by The Co-operative Bank or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when The Co-operative Bank asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Need help? Contact a Customer Service Adviser on **0345 606 6701***

Please call 03457 213 213* if you would like to receive this information in an alternative format such as large print, audio or Braille.

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 (Financial Services Register No: 121885). Registered office: 1 Balloon Street, Manchester, M4 4BE. Registered in England and Wales (Company No: 990937).

*Lines open 8am to 6pm Monday to Friday, 9am to 12 midday Saturday. Calls to 03 numbers cost the same as calls to numbers starting with 01 and 02. Calls may be monitored or recorded for security and training purposes.

Information correct as at 10/2024.



We like our communications to have an impact on you – but not on the environment. This product is made of material from well-managed, FSC®-certified forests and other controlled sources.