

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.

Guidance notes

1. If you have not registered for Cards OnLine and you would like to receive your statements and management information online, please complete sections 1, 2 and 4 only. If you would like to register someone other than yourself for the Report Administrator role, please also complete section 3.
2. If you have previously registered for Cards OnLine and you would like to register someone other than yourself for the role of Report Administrator, please complete sections 1, 3 and 4 only.
3. Complete and return this form to: National Westminster Bank Plc, Commercial Cards Division, Cards Customer Services, PO Box 5747, Southend-on-Sea SS1 9AJ.

Your information

For details of how we will use your information, please look for the padlock symbol below and in the accompanying Terms and Conditions.

1. Business details

Company/Organisation name _____

Corporate Account number

4	4	8	5	2	7				
---	---	---	---	---	---	--	--	--	--

2. Cards OnLine Administrator details

 The personal data collected here will be used for identification purposes only.

Name (title, first name and surname) _____

Preferred daytime contact number _____

Contact address _____

Address line 2 _____

Address line 3 _____

Address line 4 _____

Postcode _____

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

Security password _____

Date of birth
(DDMMYYYY) _____

Signature

Date _____

If you want to register yourself as the Report Administrator place a cross in this box. If you want to register someone else for the Report Administrator role, please complete their details in section 3.

3. Cards OnLine Report Administrator details

 The personal data collected here will be used for identification purposes only.

Name (title, first name and surname) _____

Preferred daytime contact number _____

Contact address _____

Address line 2 _____

Address line 3 _____

Address line 4 _____

Postcode _____

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

Security password _____

Date of birth
(DDMMYYYY) _____

Signature

Date _____

4. Authorisation by the company/organisation

The named Cards OnLine Administrator and/or Report Administrator (if different) are authorised by the company/organisation to use Cards OnLine as defined in the Terms and Conditions.

In submitting this application I am/we are opting out of receiving paper statements, paper management information reports and e-mailed management information files and opting into receiving e-statements and management information reports and files via Cards OnLine and that e-mail notification of each statement will be sent to the e-mail address provided overleaf, as may be amended from time to time. (Please refer to the full Terms and Conditions for NatWest, Cards OnLine.)

Authorised signature(s)

Name (title, first name and surname)

Date _____

Authorised signature(s)

Name (title, first name and surname)

Date _____

For further assistance visit www.natwest.com/cardsonline
or telephone the Cards OnLine helpdesk on 0870 909 3702.