

OneCard Amendment Form

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.

Your Information

We collect and process various categories of personal and financial information throughout your relationship with us, to allow us to provide our products and services and to run our business. For more information about how we use your personal information, the types of information we collect and process and the purposes for which we process personal information, please read our Privacy Notice provided on our website at rbsinternational.com/global/privacy-notice.html.

We may update this from time to time and would encourage you to visit our website regularly to stay informed of the purposes for which we process your information and your rights to control how we process it.

Who we are

The organisation responsible for processing your information is The Royal Bank of Scotland International Limited (RBS International).

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 the 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

☐

Cardholder/Lodge Account changes - complete section 3 as required

☐

Merchant Category Group blocking - complete section 4 as required

☐

Change of Authorised Signatory - complete section 5 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

☐

Add a new authorised contact(s) - complete 2.2

☐

Change the authority level of on 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 <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> If other, please specify <input type="text"/>
Surname	<input type="text"/>
First name(s)	<input type="text"/>
Middle name(s)	<input type="text"/>
Date of birth	<input type="text"/>
Preferred daytime contact number	<input type="text"/>
Business mobile number	<input type="text"/>
Business email address	<input type="text"/>
Security password	<input type="password"/>
Signature	<input type="text"/>

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 <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> If other, please specify <input type="text"/>
Surname	<input type="text"/>
First name(s)	<input type="text"/>
Middle name(s)	<input type="text"/>
Date of birth	<input type="text"/>
Preferred daytime contact number	<input type="text"/>

Business mobile number	<input type="text"/>
Business email address	<input type="text"/>
Security password	<input type="password"/>
Signature	<input type="text"/>

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

Programme Administrator	<input type="checkbox"/>
Authority Holder	<input type="checkbox"/>
Account Signatory	<input type="checkbox"/>

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 <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> If other, please specify <input type="text"/>
Surname	<input type="text"/>
First name(s)	<input type="text"/>
Middle name(s)	<input type="text"/>
Date of birth	<input type="text"/>
Preferred daytime contact number	<input type="text"/>
Business mobile number	<input type="text"/>
Business email address	<input type="text"/>
Security password	<input type="password"/>
Signature	<input type="text"/>

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

Programme Administrator	<input type="checkbox"/>
Authority Holder	<input type="checkbox"/>
Account Signatory	<input type="checkbox"/>

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 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ If other, please specify

Surname

First name(s)

Middle name(s)

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 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ If other, please specify

Surname

First name(s)

Middle name(s)

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 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ If other, please specify

Surname

First name(s)

Middle name(s)

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. Cardholder/Lodge Account changes

Existing Cardholder/ Lodge Account name:

Card/Lodge Account number:

Please complete as required:

3.1. Change of name ☒ (e.g. upon marriage)

New Cardholder/
Lodge Account name

(title, first name end surname or departmental name - maximum 19 characters including spaces)

Email address

3.2. Cancel a Card/Lodge Account - I/we confirm that any current cards will be destroyed. ☒

3.3. 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

3.4. New single transaction limit required £

4. Merchant Category Group blocking

If you require transaction blocking to apply to selected cards or lodge accounts, please complete section 4.2 and 4.3 below.

4.1. If you require the same transaction blocking to apply to all cards/lodge accounts please cross this box ☒ and complete section 4.3 only.

4.2. Card/Lodge Account details

By completing this section the cards/lodge accounts detailed below will not be authorised to make transactions in the categories marked in section 4.3.

Cardholder Name/
Lodge Account Name

Card/Lodge Account number:

Cardholder Name/
Lodge Account Name

Card/Lodge Account number:

Cardholder Name/
Lodge Account Name

Card/Lodge Account number:

Cardholder Name/
Lodge Account Name

Card/Lodge Account number:

Cardholder Name/
Lodge Account Name

Card/Lodge Account number:

4.3. Merchant Category Group blocking details

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

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

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.

5. Change of Authorised Signatory

5.1. Remove an Authorised Signatory

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

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

5.2. 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 on 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 on Authorised Signatory is authorised, in accordance with your existing signing authorisation.

I/We nominate the Authorised Signatory listed below to be on 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 checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> If other, please specify <input type="text"/>
Surname	<input type="text"/>
First name(s)	<input type="text"/>
Middle name(s)	<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.

- For Programme Administrators** the organisation agrees and confirms that RBS International 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.
- For Authority Holders** the organisation agrees and confirms that RBS International 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.
- For Account Signatories** the organisation agrees and confirms that RBS International 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.
- For Authorised Signatories** the organisation agrees and confirms that RBS International 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.
- If RBS International 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 International may request such request or instruction to be made in writing.
- The organisation will notify RBS International 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.
- 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.

This application will be treated as financially independent of any person (except for another party to this application). By completing this application you declare that you believe that the finances of any individual(s) with whom you remain financially connected will not affect our decision and agree that we may check your declaration. We may decline this application if we find that your declaration is inaccurate.

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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

[illegible]

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

[illegible]

Please check to ensure you have completed all relevant sections of this form, and once printed make sure the agreement is signed in section 5. Then send the form electronically to Commercial Card Operations using the appropriate email address: Application.Forms@rbs.co.uk. Alternatively you can send the form to Commercial Cards Division, Cards Customer Services, PO Box 5747, Southend-on-Sea SS1 9AJ.

Please retain a copy of the completed Cardholder Application Form for your records

The Royal Bank of Scotland International Limited ("RBS International") is incorporated in Jersey and registered on the Jersey Financial Services Commission ("JFSC") company registry as a private company with limited liability. It is authorised and regulated by the JFSC with registration number 2304. Registered and Head Office: Royal Bank House, 71 Bath Street, St. Helier, Jersey, JE4 8PJ. Tel. 01534 282787. RBS International London Branch is registered in the United Kingdom as a foreign company with registration number FC034191 and branch number BR019279. United Kingdom business address: Level 3, 440 Strand, London, WC2R 0QS. RBS International London Branch is authorised by the Prudential Regulation Authority and is subject to regulation by the Financial Conduct Authority (reference number 760675) and limited regulation by the Prudential Regulation Authority. Details about the extent of RBS International's regulation by the Prudential Regulation Authority are available on request.

Guernsey business address: Royal Bank Place, 1 Glatigny Esplanade, St. Peter Port, Guernsey, GY1 4BQ. Tel. 01481 703860. Regulated by the Guernsey Financial Services Commission and licensed under the Banking Supervision (Bailiwick of Guernsey) Law, 2020, as amended, the Insurance Managers and Insurance Intermediaries (Bailiwick of Guernsey) Law, 2002, and the Protection of Investors (Bailiwick of Guernsey) Law, 2020, as amended, and The Lending, Credit and Finance (Bailiwick of Guernsey) Law, 2022.

Isle of Man business address: 2 Athol Street, Douglas, Isle of Man, IM99 1AN. Tel. 01624 646464. Licensed by the Isle of Man Financial Services Authority in respect of Deposit Taking, Investment Business and registered as a General Insurance Intermediary.