

Use this application form if you and any joint account holder want another person (an additional cardholder) to have a Debit Card on your account.

You must fill in a separate application form for each additional cardholder.

Please fill in using BLOCK CAPITALS.

1 Account holder details

| | | |
|------------|------------|-----------------|
| Your name: | Sort code: | Account number: |
|------------|------------|-----------------|

2 Additional cardholder details

| | |
|--|---|
| Title: Mr/Mrs/Miss/Ms | Date of Birth: |
| Forenames in Full: | Surname: |
| Address: | Post Code: |
| Name as it should appear on card: (maximum 22 characters) | Customer number: |
| PIN required? YES / NO | Mobile phone number: <small>(Mobile phone number required for 3D secure transactions made online. For more details visit www.danskebank.co.uk/3dsecure)</small> |

Spending limit (any restriction on the amount that the additional cardholder can spend on the Debit Card)
Please tick one box to indicate your preference.

- I do not want the additional cardholder to be able to use their Debit Card to pay for goods and services (to be provided with a Deposit only card)
- I want to restrict the amount that the additional cardholder can spend each day - Daily Limit £ _____
- I do not want to restrict the amount the additional cardholder can spend on their Debit Card

Withdrawal limit (any restriction on the amount the additional cardholder can withdraw each day at cash machines)

Withdrawal limit: £ _____ (minimum of £50 per day)

Additional cardholder's signature

By signing below, the additional cardholder is agreeing to have a Debit Card. We may need to verify the identity of the additional cardholders on the account. We use agencies including fraud prevention agencies to help us do this, and we can do so electronically. Where we cannot verify the identity of these individuals electronically we will require identification and proof of address to be provided. If we need this we will contact you at a later date and advise you of the type of document which will need to be provided.

Signature:

Date:

Signatures of all account holders

Please send the additional cardholder a Debit Card for my account.

I understand that I will be liable for all transactions (as defined in the Debit Card terms and conditions) which I or the additional cardholder authorise in line with the terms and conditions. I also understand that the additional cardholder can use the card to get information about the account (for example, finding out the balance and getting mini-statements from a cash machine).

Signature:

Date:

Signature:

Date:

Important

You, as the account holder, can cancel this agreement by giving us written notice during the 14-day period after the day you enter into this agreement by signing above. If you cancel the agreement during this 14-day period, you will still be liable for any withdrawals or spending on the additional Debit Card before the cancellation.

SIGNATURES – FOR A CLUB, SOCIETY OR ASSOCIATION

Certified copy minute of a resolution of the Committee of the Club, Society or Association

We hereby certify that at a properly convened meeting of the Committee of _____ held on the ____ day of _____ 20__ it was validly resolved that

- (i) A mandate to use a debit card in the form set out above should be granted to the Mandate Holder (s) described above; and)
- (ii) That the Club, Society or Association should confirm the said mandate to the Bank by issuing to the Bank a copy of the mandate and this minute, duly signed by the signatories below.

Such resolution remains in full force and effect. It was duly passed in accordance with the rules of the Account holder

Please note that by signing below you are certifying the above minute to be true.

| | |
|---|-------------------------------|
| Date: | |
| Name of Chairman (In Capital Letters) | Signature of Chairman |
| Name of Secretary (In Capital Letters) | Signature of Secretary |

SIGNATURES – FOR A COMPANY

Certified copy minute of a resolution of the Board of the Company

We hereby certify that at a properly convened meeting of the Board of Directors / Board of Management of _____ Limited held on the ____ day of _____ 20__ it was validly resolved that

- (i) A mandate to use a debit card in the form set out above should be granted to the Mandate Holder (s) described above; and)
- (ii) That the Company should confirm the said mandate to the Bank by issuing to the Bank a copy of the mandate and this minute, duly signed by the signatories below.

Such resolution remains in full force and effect. It was duly passed in accordance with the Company's Memorandum and Articles of Association (or its equivalent company constitutional documents, where the company was formed outside the UK)

Please note that by signing below you are certifying the above minute to be true.

| | |
|--|--|
| Date: | |
| Name of Chairman/Director (In Capital Letters) | Signature of Chairman/Director |
| Name of Director/Secretary (In Capital Letters) | Signature of Director/Secretary |

