

When filling out this form, 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 would like to receive your statements online, please complete sections 1, 2 and 3.
2. Complete and return this form to: Ulster Bank Commercial Cards, PO Box 4015, Dublin 2.

**Your information**

For details of how we will use your information, please see below.

**1. Business details**

Company/Organisation name

Corporate Account number

**2. Cards Online Administrator details**

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

Title Mr  Mrs  Miss  Ms  Other   
(please specify)

First name

Middle name(s)

Surname

Preferred daytime contact number

**Contact address**

Address line 1

Address line 2

Address line 3

Address line 4

County

E-mail address used for Cards

Online e-statement notifications

Security password

Date of birth  
(e.g. 29JAN1970)

Signature

Date (DD/MM/YYYY) \_\_\_\_\_

### 3. Authorisation by the company/organisation

The named Cards Online Administrator is authorised by the company/organisation to use Cards Online.

Authorised signature(s)

Date (DD/MM/YYYY) \_\_\_\_\_

Title

Mr

Mrs

Miss

Ms

Other

(please specify)

First name

Middle name(s)

Surname

Authorised signature(s)

Date (DD/MM/YYYY) \_\_\_\_\_

Title

Mr

Mrs

Miss

Ms

Other

(please specify)

First name

Middle name(s)

Surname

For further assistance telephone the Cards Online Helpdesk on 1850 812 280.