

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

Important – Your personal information



Credit decisions and the prevention of fraud and money laundering

We may use credit reference and fraud prevention agencies to help us make decisions. A short guide to what we do and how both we and credit reference and fraud prevention agencies will use your information is detailed in the section called: **A condensed guide to the use of your personal information by ourselves and at credit reference and fraud prevention agencies.**

For details of how your data may be used also read carefully the notice headed **'Using your personal information'** provided with the terms and conditions of your account and the **'Your marketing preferences and consent declaration'** section in this application form.

By confirming your agreement to proceed you are accepting that we may each use your information in this way.

A condensed guide to the use of your personal and business information by ourselves and at credit reference and fraud prevention agencies

- When you apply to us to open an account, this organisation will check the following records about you and, where applicable, your business partners and anyone to whom you are linked financially.
 - Our own.
 - Personal and, where applicable, business records at credit reference agencies (CRAs). When CRAs receive a search from us they will place a search footprint on your personal credit file and where applicable your business credit file that may be seen by other lenders. They supply to us both public (including the electoral register) and shared credit and fraud prevention information.
 - Those at fraud prevention agencies (FPAs).
 - If you are a director, we will seek confirmation from credit reference agencies, that the residential address that you provide is the same as that shown on the restricted register of directors' usual addresses at Companies House.We will make checks such as assessing this application for credit and verifying identities to prevent and detect crime and money laundering. We may also make periodic searches at CRAs and FPAs to manage your account with us.
- If you are making a joint application or tell us that you have a spouse or financial associate, we will link your records together so you must be sure that you have their agreement to disclose information about them. CRAs also link your records together and these links will remain on your and their files until such time as you or your partner successfully files for a disassociation with the CRAs to break that link.
- Information on applications will be sent to CRAs and will be recorded by them, including, where applicable, information on your business and its proprietors. The CRAs may create a record of the name and address of your business and its proprietors if there is not one already.
- Where you borrow from us, we will give details of your account(s) and how you manage it/them to CRAs.
- If you borrow and do not repay in full and on time, CRAs will record the outstanding debt. This information may be supplied to other organisations by CRAs and FPAs to perform similar checks and to trace your whereabouts and recover debts that you owe. Records remain on file for six years after they are closed, whether settled by you or defaulted.
- If you give us false or inaccurate information and we suspect or identify fraud we will record this and may also pass this information to FPAs and other organisations involved in crime and fraud prevention.
- If you have borrowed from us and do not make payments that you owe us, we will trace your whereabouts and recover debts.
- We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.
- Your data may also be used for other purposes for which you give your specific permission or, in very limited circumstances, when required by law or where permitted under the terms of the data protection legislation

How to find out more

This is a condensed version. If you would like to read the full details of how your data may be used for credit referencing and fraud prevention purposes, please visit our website at co-operativebank.co.uk/global/privacy-and-cookies or phone **03457 213 213*** or ask one of our staff in branch.

You can contact the CRAs currently operating in the UK; the information they hold may not be the same so it is worth contacting them all.

- TransUnion Information Group Limited**, P.O. Box 491, Leeds LS3 1WZ or call 0330 024 7574 or log on to www.transunionstatereport.co.uk
- Equifax PLC**, Credit File Advice Centre, P.O. Box 3001, Bradford BD1 5US or call 0844 335 0550 or log on to www.equifax.co.uk
- Experian**, Consumer Help Service, P.O. Box 8000, Nottingham NG80 7WF or call 0344 481 8000 or log on to www.experian.co.uk
- If you want to receive details of the relevant fraud prevention agencies please contact us at The Co-operative Bank, Fraud Management, Delf House, Skelmersdale WN8 6NY.

Declaration

- I/We can confirm that all information contained in this application is true and all material is enclosed.
- I/We also understand that this may form the basis of any contract between the Organisation and The Co-operative Bank.
- The Bank is requested to issue a Co-operative Bank Business Charge Card to the individual(s) whose name(s) is/are set out in the Business Credit Individual Card Users form. The card is to be subject to The Co-operative Bank Business Charge Card conditions of use, a copy of which has been provided and is approved and by which we agree to be bound.
- The Bank is authorised to debit the business current account held with the Bank (details below) with all transactions effected under such Business Charge Cards together with any fees for the issue and renewal of such Business Charge Cards and the liability for any overdraft so created, together with interest is accepted by the organisation.

Account title

Sort code

 - -

Account number

PLEASE ENSURE THAT YOU COMPLETE THE DIRECT DEBIT MANDATE IN SECTION 5

Section 1 Important information

Declaration continued

- 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).
- 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.
- 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.
- These instructions shall be governed by and construed in accordance with English Law.
- 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	
<input type="text"/>	
1	Name (Director/Proprietor/Partner/Committee Member)
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>
2	Name (Director/Proprietor/Partner/Committee Member)
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>

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 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"/>		
		Town
<input type="text"/>		<input type="text"/>
City	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"/>		
		Town
<input type="text"/>		<input type="text"/>
City	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"/>	
	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"/>		
		Town
<input type="text"/>		<input type="text"/>
City	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"/>		
		Town
<input type="text"/>		<input type="text"/>
City	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.

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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"/>
Length of time at this address		Postcode
<input type="text"/>	Years Months	<input type="text"/>
Previous home address (if moved within the last three years)		
<input type="text"/>		
City		Town
<input type="text"/>		<input type="text"/>
Length of time at this address		Postcode
<input type="text"/>	Years Months	<input type="text"/>
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		Bank use only
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
Home address		
<input type="text"/>		
		Town
<input type="text"/>		<input type="text"/>
City	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"/>		
		Town
<input type="text"/>		<input type="text"/>
City	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.

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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

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
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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.