

How we will use and share your information

We may request information about you from credit reference and fraud prevention agencies to help verify your identity to comply with laws that apply to us.

1. Customer and account details

Please provide the details for the account that will be used for accepting deposits via Business Quick Deposit

Account name

Receiving account number

Sort code

Head office collection account number (if applicable)

Please advise the sort code for the branch that you will be using to deposit funds via BQD. You can look up sort codes using this link: <https://locator.natwest.com/index.html>. You can add up to three branches on this form.

Branch sort code(s)

1) 2) 3)

Please provide your email address. We will use this to contact you regarding the Business Quick Deposit Service

Email Address

2. Business Quick Deposit agreement (To be completed by customer)

• Your use of Business Quick Deposit is governed by the Business Quick Deposit Service terms and the Business Account terms (together, the “terms”), which are available for you to read and print online at www.natwest.com/terms entering the terms code YBRUT.

If for any reason you are unable to access the terms online, please contact the bank via your usual channel before proceeding.

By signing:

- You authorise the Bank to credit / debit your account in the event of a difference between the contents of the BQD wallet and the amount noted on the Bank Giro credit.
- You confirm the details on the Application are correct and agree to notify the Bank of any changes.
- You agree to the terms.
- You confirm that you have read and understood how we may use your information in the way described above and in our full Privacy Notice at www.natwest.com/privacy
- You have full power and authority to sign this form

Signed for and on behalf of
(Name of company firm)

3. Customer Signature(s)

Please ensure when signing this section that it is signed by the highest signing authority on the Bank Account Mandate (for example, if you require two people to sign, then please ensure two people sign this form).

Signatory 1

Signature

Date

Full Name

Position held

Signatory 2

Signature

Date

Full Name

Position held

Signatory 3

Signature

Date

Full Name

Position held

Please complete the Application, and sign, before returning it to your Business Manager/Relationship Manager.

Relationship Team Use only

I have checked all the required eligibility criteria and AEDS status of this customer. I authorise the implementation of BQD.

Name: _____

Location: _____

ISV number: _____

Date (DD/MM/YYYY): _____ Contact number: _____

Please forward the completed application form to the following email address:

a) CPB Customers - ~ Commercial Emails, CS&O Bolton

b) BB Customers - ~ Business Banking NWB