

Your Information

For details of how we and others will use your information, please look for the padlock symbol below in the accompanying Terms and Conditions or contact us on 0870 150 3521.

Please complete in BLOCK CAPITALS and in black ink. Please mark option boxes with an 'x'.

1. Credit Card Account Details – Principal Cardholder details to which Additional Cardholder is being added

Credit card number:

Principal cardholder name:

2. Additional Cardholder Details

Are you an existing Ulster Bank customer? Yes No

If 'Yes' please provide account number and sort code

Gender Male Female

Title Mr Mrs Miss Ms Other

First name

Middle name(s)

Surname

Are you known by any other name, e.g. alias name? Yes No

If 'yes' please complete relevant section below:

Other known first name

Other known middle name (s)

Other known surname

Date of birth (DD/MM/YYYY)

Mothers maiden name/or memorable word

Country of nationality

Country of residence

Please write your name as you would like it to appear on the additional cardholders credit card (Maximum 26 characters)

3. Additional Cardholder Address Detail

Is your address the same as the principal cardholder? Yes No

If your address is not the same as the principal cardholder please enter your address below.

Permanent residential address

Flat number (if applicable)

House name (if applicable) House number

Address line 1

Address line 2

Address line 3

City

Postcode (if applicable) Date of entry to address (E.g. 01 Jan 2000)

Country

Republic of Ireland temporary address

If you are not a permanent resident of the Republic of Ireland, but are temporarily living here, or a student with a term time residence, please give your temporary ROI address or term time residence.

Flat number (if applicable)

House name (if applicable) House number

Address line 1

Address line 2

Address line 3

City

Postcode (if applicable)

4. Additional Cardholder Employment details

Occupation - if employed in which of the following categories:

Professional Office & Clerical Skilled Manual

Unskilled Manual Management Retired

Full time student (further education) Unemployed

Please indicate main source of Income:

Basic salary (Employed) Basic salary (Self Employed) Benefits

Other income (Employed) Other income (Self Employed) Pension (Employed)

Pension (Self Employed) Rental income No income

5. Credit reference agencies

We may obtain information about you from credit reference agencies to verify your identity

6. Fraud prevention agencies

If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies. We may also obtain information about you from fraud prevention agencies.

7. Giving your consent

By signing this application you are agreeing that we may use your information in the way described in this form and in the associated Terms and Conditions.

8. Additional Cardholder Confirmation

Additional cardholder signature

By signing this application form I confirm that:

I wish to receive an additional card. I am aged 18 or over and I agree to be bound by the Conditions of use which may be amended from time to time.

Name (in full) _____

Date (DD/MM/YYYY)

9. Principal Cardholder Confirmation

Principal cardholder signature

I hereby authorise and request you to issue, in accordance with the Terms and Conditions, an additional credit card to be used on my account to the person named, who is aged 18 or over. I undertake to hand this person a copy of the Terms and Conditions, which will come with the card.

Please indicate if you wish the named additional cardholder to have access to information on your account.

Name (in full) _____

Yes No

Date (DD/MM/YYYY)

I understand this is limited to:

- Requesting the account balance
- Requesting details of transactions
- Ordering copy statements
- Ordering their own replacement card