

# OneCard Amendments Request



When filling out this form by hand, 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. Please mark option boxes with an 'X'.

Please ensure you complete the relevant sections fully and accurately otherwise these amendments cannot be made to your account. Please forward the completed form to: Ulster Bank Ireland DAC, Commercial Cards Division, PO Box 4015, Dublin 2.

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## 1. Amendment details

Please mark reason(s) for amending the account (please mark an X in the appropriate box).

I would like to:

Appoint/Change authorised signatories (please complete section 3)

Appoint/Change programme co-ordinator (please complete section 3)

Remove a cardholder from the account (please complete section 4)

Change a cardholder name (please complete section 4)

In all cases, sections 2 and 5 must be completed.

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## 2. Business details

Business name (as it appears on your OneCard)

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Billing unit number (please insert your 16 digit OneCard account number as shown on your summary statement)

5	5	6	9	7	0		
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### 3. Administrative changes

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

#### 3.1 New authorised signatory or additional/New programme co-ordinator

Please Note: If the individual listed below is the new **Primary Authorised Signatory** they will be able to exercise all of the functions of a Programme Co-ordinator and, in addition, will be able to authorise additional cardholders, amend card limits, spend controls, account details, open and close billing units and appoint or remove Programme Co-ordinators and Authorised Signatories.

(Please mark an X in the appropriate boxes)

Authorised Signatory

Programme Co-ordinator

Title Mr  Mrs  Miss  Ms  Other

If 'Other', please specify

First name

Middle name(s)

Surname

Residential address

Address line 2

Address line 3

Address line 4

Preferred daytime

contact number

(Including extension if applicable)

Email address

Security password

Date of birth

(DD/MM/YYYY)

Cross here if this is the person to whom statements and correspondence should be sent to in future.

Signature

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

#### 3.2 Current authorised signatory/Programme co-ordinator to be removed

Name (title, first name and surname) \_\_\_\_\_

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#### 4. Cardholder changes

##### 4.1 Current cardholder's details (to be removed or changed)

Existing cardholder name  
(as it appears on your OneCard) \_\_\_\_\_

Card number

Please mark as appropriate:

This card is no longer required

Please change a cardholder's name  
due to marriage status etc.  
(please complete section 4.2)

I confirm that the current card will be destroyed.

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##### 4.2 Cardholder's new details

Title Mr  Mrs  Miss  Ms  Other

If 'Other', please specify

First name

Middle name(s)

Surname

Name as you wish it to appear on the card

Name

(title, first name, middle initial and surname (max. 21 characters incl. spaces))

##### Must be completed

Residential address

Address line 2

Address line 3

Address line 4

Preferred daytime  
contact number \_\_\_\_\_  
(Including extension if applicable)

Cardholder's new signature

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

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## 5. Authorisation by the business

Signed in accordance with reference to the Authorised Signatories as outlined in the Terms and Conditions. The Bank will only accept requests to issue cards or make changes to this agreement from Authorised Signatories in writing. These requests must be in accordance with the authority held by the Bank.

Primary authorised signature

In accordance with the authority held by the Bank.

Primary authorised signatory name  
(title, first name and surname)

\_\_\_\_\_

Email address \_\_\_\_\_

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

Secondary authorised signature

In accordance with the authority held by the Bank.

Secondary authorised signatory name  
(title, first name and surname)

\_\_\_\_\_

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