

[**INSERT COMPANY NAME HERE**], has authorised the Card Administrator to issue Debit MasterCard Business card on their behalf to certain cardholders who complete the application below:

Cardholders Title and First Name	Cardholders Surname
Cardholders Address	Cardholders Mobile Phone Number
Name which the cardholder wishes to have on card (max 22 characters)	

Cardholders Certification

1. I confirm that the information given in this application is true and complete and I certify by my signature that I have read and accepted the Danske Bank Special Terms and Conditions - Corporates & Institutions (Debit MasterCard Business Card).
2. I accept that this application, together with Danske Bank Special Terms and Conditions - Corporates & Institutions (Current Accounts) as amended from time to time forms the contractual basis of the Debit MasterCard agreement. I confirm that I have read and understood the terms and conditions.
3. I note that when I sign, you will register me as Cardholder and that you will register this Cardholder Agreement under my name. I confirm that you have flagged to my attention the existence and location of the Danske Bank Privacy Notice (DPN) located at www.danskebank.ie/purposes, which sets out how you use personal information and my rights in relation to such information and I further confirm that you have provided me with a copy of the DPN.
4. I am aware that Danske Bank receives a commission on my use of the Card in shops and other outlets.

Signature _____

Name (CAPS) _____ Date _____

This form must be retained by account holder and supplied to the Bank if requested.