

Business Internet Banking Delegate Application



1

Your business details

Please write clearly in ink in the white spaces using capital letters or cross the boxes.

Name of Business/Organisation

Business address

Postcode

Your branch sort code

Your business account number

2

Details of the new user to be registered

Title

Do you hold any personal accounts with TSB Bank plc?

Yes

No

☐

☐

First name

If no please go to Section 2.1.
If yes please answer the questions below and go to Section 3.

Last name

Your branch sort code

Your account number

Mobile telephone number

Branch name

Email

Position held in the business

Date of birth

2.1

Additional new user details (for non TSB customers only)

Nationality

Your home address (where you live)

Postcode

If less than 3 years, please give your previous address

Postcode

Country

Country

How long have you lived at your current address?

Years

Months

How long have you lived at this address?

Years

Months

Residential status

3 Applicant declaration

I confirm that:

- I have been selected by the Business to become a Delegate User.
- Should the Bank need to discuss with the Business my application to become a Delegate User, I authorise the Bank to do so.
- I agree, if requested by the Bank, to provide further additional information to the Bank for purposes of confirming my identity.
- The information given on this form is true, accurate and complete.
- I wish to use the Bank's services as indicated in this application on behalf of the Business detailed above.

Data Protection Notice

- All personal data will be treated confidentially.
- Memorable data provided will only be processed in order to provide for administration of the service requested and to verify and safeguard account information.
- We will search and record information at the Credit Reference Agencies for the purpose of checking my identity for the prevention of money laundering and fraud.

Please ensure this section of the form is signed by the applicant requesting Delegate Access.

Full signature

Date

4 Level of access

You can choose the level of access that you require the Delegate User to have based on their role in your business. The access can be set for all of your accounts or just the accounts you want them to see. We recommend that users should only be given access to those accounts where they have a genuine/specific need. Full access users are permitted to carry out all functions with the exception of applying for new products. View only users are given enquiry only access and cannot make payments. Indicate the required access here, by completing either section 4a or 4b.

Please complete either section A or section B depending on the access requirements for your Delegate user.

A) Complete this section if you wish the user identified overleaf to have access to ALL accounts (both existing and future), including credit card accounts, held by the business visible online (choose only one option).

Full Access to all accounts



View Only access to all accounts



B) If you wish the Applicant to only have access to a limited number of accounts, complete this section instead.

Full access to accounts listed below



View only access to accounts listed below



State whether the Applicant should be provided with Full access or View Only access (choose only one option).

Please specify a list of accounts to be view ed by the Delegate User, crossing out any blank fields that are not required:

Sort code

Account number

Account 1

Account 2

Account 3

Account 4

Account 5

Account 6

Account 7

Account 8

Account 9

Account 10

I/we have read and understood the Terms and Conditions which have been provided and can also be found at [here](#) for Business Internet Banking. I/we understand that the Applicant listed in section 3 will be appointed as a User at the level indicated above on the Business Internet Banking service and given access to my/our business accounts as requested. Any signing restrictions which may have been set up on my/our accounts will not apply to this service.

Please ensure this form is signed by the correct number of signatories in accordance with your bank account mandate.

To find out more about Business Internet Banking go to <https://www.tsb.co.uk/business/legal>

Signature

Date

Full name (please print)

Signature

Date

Full name (please print)

Signature

Date

Full name (please print)

Signature

Date

Full name (please print)

Please send the form to:

Freepost, Henry Duncan House, 2nd Floor Business Banking,
120 George Street, Edinburgh, EH2 4LH

Subject to the relevant checks, we'll send the applicant a welcome email and a text with a temporary password letting them know when their access has been set up.