

Please complete this form in BLOCK CAPITALS and in black ink



1. Applicant details

We apply to participate in the TrustAssured Service on the terms and conditions of the Business Customer Agreement.

Name of Applicant
(full registered name if
incorporated company)

Address line 1

Address line 2

Address line 3

Address line 4 OR
overseas country

Postcode

Address of registered office
if limited company

Address line 1

Address line 2

Address line 3

Address line 4 OR
overseas country

Postcode

NB Please provide details of the authorised/contact personnel overleaf

2. Confirmation

We confirm that the details on this form are full and correct and agree to notify The Royal Bank of Scotland plc of any change therein.

For and on behalf of the named Applicant.

Signature(s)

Name _____

Name _____

Job Title _____

Job Title _____

Date _____

Date _____

This form should be signed by your Authorised Signatory(ies), e.g. if a Company the Managing Director and Finance Director.

Please forward the completed Application form to TrustAssured Operations, 5th Floor, 2 Waterhouse Square,
138-142 Holborn, London EC1N 2TH.

For The Royal Bank of Scotland plc use only

Number of AOA attachments

The Applicant satisfies the criteria for participation in the Royal Bank of Scotland plc TrustAssured Service. I hereby accept this application on behalf of The Royal Bank of Scotland plc, to be governed by the Business Customer Agreement.

Operations Manager Signature

Name _____

Date _____

3. Business Trusted Registrars

The individuals listed below are authorised to undertake the following procedures relating to The Royal Bank of Scotland plc TrustAssured Service. Please tick as appropriate.

To act as general contact and referral point for all queries

Authorised to register new users and give instructions on Certificate Management issues, e.g. revocations

NB This will allow the authorised parties being able to sanction financial expenditure.

Primary Business Trusted Registrar (mandatory)

Title First name Surname

Telephone number Job title

Fax number

Signature

Email address

Secondary Business Trusted Registrar (optional)

Title First name Surname

Telephone number Job title

Fax number

Signature

Email address