

Please complete all sections of this form in BLOCK CAPITALS, and return it to your Relationship Manager.

1. Your organisation

1.1 Your details

Your organisation name	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
County/District	<input type="text"/>
Country	<input type="text"/>
Postal/Zip code	<input type="text"/> <input type="text"/>
Contact name	<input type="text"/>

1.2 Your administrator* details

Administrator 1

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
First name	<input type="text"/>				
Surname	<input type="text"/>				
E-mail address	<input type="text"/>				
Phone number	<input type="text"/>				
Fax number	<input type="text"/>				
Address (if different from 1.1 above):					
Address line 1	<input type="text"/>				
Address line 2	<input type="text"/>				
Address line 3	<input type="text"/>				
County/District	<input type="text"/>				
Country	<input type="text"/>				
Postal/Zip code	<input type="text"/>	<input type="text"/>			

Administrator 2

Title Mr Mrs Miss Ms Other

First name

Surname

E-mail address

Phone number

Fax number

Address (if different from 1.1 above):

Address line 1

Address line 2

Address line 3

County/District

Country

Postal/Zip code

*The Administrator is appointed by you to manage access to the System and assign limits to employees known as Users. The Bank recommends that two Administrators are nominated.

1.3 Your user* details

Please copy page 3 if you require more space

User 1

Title Mr Mrs Miss Ms Other

First name

Surname

E-mail address

Phone number

Fax number

Address (if different from 1.1 above):

Address line 1

Address line 2

Address line 3

County/District

Country

Postal/Zip code

User 2

Title Mr Mrs Miss Ms Other

First name

Surname

E-mail address

Phone number

Fax number

Address (if different from 1.1 above):

Address line 1

Address line 2

Address line 3

County/District

Country

Postal/Zip code

User 3

Title Mr Mrs Miss Ms Other

First name

Surname

E-mail address

Phone number

Fax number

Address (if different from 1.1 above):

Address line 1

Address line 2

Address line 3

County/District

Country

Postal/Zip code

User 4

Title Mr Mrs Miss Ms Other

First name

Surname

E-mail address

Phone number

Fax number

Address (if different from 1.1 above):

Address line 1

Address line 2

Address line 3

County/District

Country

Postal/Zip code

* User access and signing authority is controlled by the Administrator(s).

2. Product access

Please select the products you require

Import Letter of Credit

Export Letter of Credit

Bonds & Guarantees/Standby Letters of Credit

Import Collections

Export Collections

3. Account details for settlement

Please provide account details for each of the products you selected in section 2. This is the account we will debit when you authorise a payment via TradeFlow. Please provide account details for all the products you selected in section 2.

	Currency	Account Number	Sort Code
Letters of Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bonds & Guarantees/Standby Letters of Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Collections	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Your Agreement

Terms

The RBS TradeFlow Terms are available online for you to read and print. Please go to www.rbs.co.uk/terms and enter RBSTF

Alternatively, please ask your Relationship Manager for a copy of the Terms.

By signing:

- You agree we may use the personal information you have supplied, including any information about your administrators and users, in the way described in this form and the Terms.
- You confirm the details provided are correct and agree to notify the Bank of any changes.
- You agree to the RBS TradeFlow Terms.

Signed for
(name of company/firm)

in accordance with the authority held by the Bank

Customer signature(s):

Name _____

Name _____

Date _____

Date _____

You should retain the last page of this form for your records

This section is for Bank use only

For Relationship Manager use only

Please complete this section and fax the whole form to +44 (0)161 242 9046

Host Country/Location

CIN

BoE

Account number

Sort Code

Account holding branch

Sales Manager name

Contact phone number

RM signature:

RM name _____

ISV number

Location: _____

Date:

Contact number

TradeFlow Agreement

Terms

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