

# Charge Card application form

To be completed only by Channel Islands and Isle of Man residents



## How to complete this form

Please complete, sign and return this form to: Santander International, PO Box 123, 19-21 Prospect Hill, Douglas, Isle of Man IM99 1ZZ, British Isles. If you are a Jersey resident, please return this form to: Santander International, 13-15 Charing Cross, St Helier, Jersey JE2 3RP, Channel Islands.

If you are a **new customer**, you will also need to complete an application form for an Island Gold Account as Charge Card(s) are only available in conjunction with an Island Gold Account in the same currency.

If you are an **existing customer**, you will need to have your customer reference number. Additionally, if you already have an Island Gold

Account(s) that you wish to link your charge card(s) to, then you will also need to have the account number(s) when completing this form.

If you have any queries regarding this form please call us on 08000 84 28 88 if calling from a UK landline or mobile, or +44 (0)1624 641 888 if calling from overseas. Lines are open from 9am – 5pm UK time, Monday to Friday (except Wednesday when we open at 9.30am). Calls are recorded and may be monitored.

**We may not be able to process this application if you do not provide all the requested detail and documentation.**

Santander International is able to provide this document in large print, Braille and audio CD. If you would like to receive this document in one of these formats, please contact us.

## 1 Applicant details

If you are an existing customer, please enter your customer reference number. Your customer reference and account numbers can be found on your statement and/or your account opening welcome letter or by logging on to our Online or Mobile Banking services.

If you have more than one customer reference number (for example if you have a joint account as well as an account held in just your name), please provide the customer reference number that you wish to have your Charge Card(s) linked to.

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Title

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
<input type="checkbox"/> Other (please state)	<input type="text"/>		

First name

Middle name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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## 2 Charge Card eligibility

Please provide details about how you will meet the Charge Card eligibility criteria.

For joint applicants: each applicant should confirm how they will meet the Charge Card eligibility criteria, noting that the Sterling/€ Euro/\$ US dollars minimum balance threshold can be held in sole or joint names.

You will meet the Charge Card eligibility by:

☐ **Mandating your monthly salary to your Island Gold Account**  
Evidence of your monthly income will be required as part of the application process. Please refer to the Checklist at the end of this application form for the supporting document details.

or

☐ **Holding a minimum of £/€/ \$25,000 on deposit with us**

If the deposit balance is held in joint names, please tick ☐

Is the other person applying for a Charge Card, or do they already have a charge card? If yes, please tick ☐

If you have ticked both the above boxes, please indicate the proportion of the monthly spend limit each Charge Card holder should be allocated:

Name  Proportion  %

Name  Proportion  %

Name  Proportion  %

Name  Proportion  %

Total allocation of spend limit (this must add up to 100%)  %

3 Charge Card(s) required

Main card:

Which Charge Card would you like to have as your main card, i.e. your 'first' card for which an annual main card fee will apply (tick one box only)?

☐ Silver Charge Card – £ Sterling

☐ Silver Charge Card – € Euro

☐ Silver Charge Card – US\$ dollars

☐ Black World Elite Charge Card – £ Sterling

☐ Black World Elite Charge Card – € Euro

☐ Black World Elite Charge Card – US\$ dollars

How would you like your name to appear on your main Charge Card (maximum 26 characters, including spaces and alphabetical characters only)?

Would you like additional narrative on the back of the main Charge Card, e.g. 'Euro Account' (this is not mandatory)? ☐ Yes ☐ No

If Yes, please indicate the required wording (maximum 20 characters, including spaces and alphabetical characters only):

Would you like to have another card in a different currency, i.e. a supplemental card? ☐ Yes ☐ No

If Yes, please fill in the remainder of this section. If no, please go to section 4.

Supplemental card(s)

Supplemental card(s), i.e. another card of the same product type as your main card (Black World Elite or Silver Charge Card) in the same or different currency, are available for an annual discounted fee. Please indicate the supplemental card type that you would like, how you would like your name to appear and any additional narrative on the back of the card (note maximum 26 characters, including spaces and alphabetical characters only, for your name and maximum 20 characters, including spaces and alphabetical characters only, for any additional narrative). If you require more than two supplemental cards, please let us know.

First supplemental card:

Which card would you like to have as your supplemental card, i.e. your 'first' supplemental card for which an annual discounted fee will apply (tick one box only)? Please indicate which Charge Card(s) you require in the box(es) below:

☐ Silver – £ Sterling

☐ Silver – € Euro

☐ Silver – US\$ dollars

☐ Black World Elite – £ Sterling

☐ Black World Elite – € Euro

☐ Black World Elite – US\$ dollars

How would you like your name to appear on this supplemental card?

Optional additional narrative for the back of this supplemental card:

Second supplemental card:

Which card would you like to have as your second supplemental card, i.e. your 'second' supplemental card for which an annual discounted fee will apply (tick one box only)? Please indicate which Charge Card(s) you require in the box(es) below:

☐ Silver – £ Sterling

☐ Silver – € Euro

☐ Silver – US\$ dollars

☐ Black World Elite – £ Sterling

☐ Black World Elite – € Euro

☐ Black World Elite – US\$ dollars

How would you like your name to appear on this supplemental card?

Optional additional narrative for the back of this supplemental card:

Allocation of your total monthly spending limit

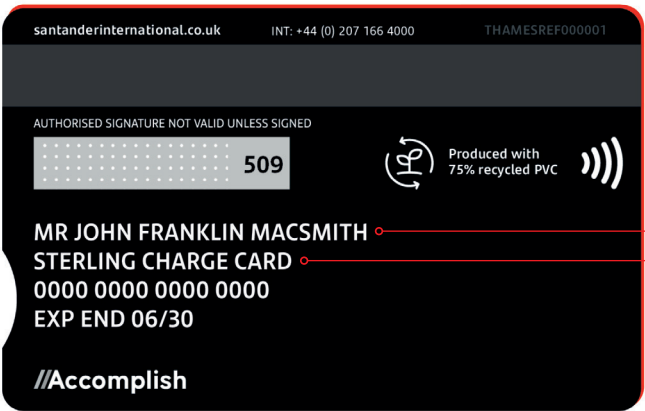
If you have chosen to have supplemental cards in addition to your main card, your total monthly spending limit will be split between your cards. Please indicate what proportion should be allocated to each card you have chosen:

% Silver Charge Card – £ Sterling

% Black World Elite Charge Card – £ Sterling

% Silver Charge Card – € Euro

% Black World Elite Charge Card – € Euro

% Silver Charge Card – US\$ dollars% Black World Elite Charge Card – US\$ dollars

Example card for illustration purposes only

**Name** (maximum 26 characters, including spaces and alphabetical characters only)

**Optional additional narrative** (maximum 20 characters, including spaces and alphabetical characters only)

## 4 Associated Island Gold Account(s)

We require you to have an Island Gold Account in the same currency of the Charge Card for servicing your monthly payment (i.e. we will debit your Island Gold Account on the payment due date).

### Existing customers

Please confirm if you want to link your Charge Card to an existing Island Gold Account **or** whether you want a new Island Gold Account to be opened (any new Island Gold Accounts will be opened prior to your Charge Card(s) being issued):

	Open a new Island Gold Account in the same currency	or Link to an existing Island Gold Account in the same currency
Main Card	<input type="checkbox"/>	<input type="checkbox"/> Account number <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>
First supplemental card	<input type="checkbox"/>	<input type="checkbox"/> Account number <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>
Second supplemental card	<input type="checkbox"/>	<input type="checkbox"/> Account number <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>

### New customers

You will need to complete an application form to open a new Island Gold Account(s) and provide the documentation requested before we are able to consider a Charge Card application.

## 5 Declaration, your consent and signature

### Declaration

- ☐ To the best of my knowledge and belief, the information is true and complete and I will notify you of any changes in circumstances which occur during the time I hold a Charge Card. I acknowledge that this information will be used to assess affordability of the monthly spending limit allocated to the card(s).
- ☐ I acknowledge that I will be asked to read, understand and accept the Card Agreement (including the End User Terms and Conditions and Fee Table) issued by AF Payments Ltd (who issue the Santander International Charge Cards and are part of the Accomplish Group), when I first log in to the app to register and activate my card(s). The Card Agreement can be found on our Santander International website for you to read beforehand ([santanderinternational.co.uk](http://santanderinternational.co.uk)). I also acknowledge that I have read your General Terms and Conditions including the specific conditions that apply to Gold Accounts and the Supplementary Terms and Conditions for Charge Cards and I have been provided with information about how you process personal data and that I can also refer to the 'Using my personal data' booklet which can be found on Santander International's website.
- ☐ I understand that any requested spending limit is subject to approval by you. I acknowledge that I will be able to see spending and usage limits in the app following acceptance of my application and issuance of the card(s).

### Consent

I authorise you, by ticking below, to:

- ☐ Disclose my personal data and other relevant data including but not limited to proof of my identity, source of funds and internal risk categorisation to AF Payments Ltd for the sole purpose of issuing, managing, administering and processing the card(s) requested
- ☐ To search the files at credit reference agencies as part of this application. I understand that this search, including details about the application, will be recorded on my credit file and may affect my credit rating

### I agree that:

- ☐ I am aged 18 or over
- ☐ I understand that it is an offence to make a false declaration
- ☐ I have read and understand the Declaration and have provided the Consent required

### I understand that:

- ☐ my application cannot be processed if I have not provided Consent for credit searches and for my data to be shared with AF Payments Ltd

Signature



Print name



Date

D	D	M	M	Y	Y	Y	Y
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Please provide additional information which has been requested in any of the questions or which you feel will help with the assessment of your application on a separate sheet if necessary.

## 6 Checklist

Please use this checklist to make sure you are sending all the correct documents and information to apply for a Charge Card(s). If you don't provide the correct information, there may be a delay in your application.

- ☐ Fully completed application form
- ☐ Consent provided in the Declaration and Consent section of this application form for both disclosure of data and credit searches.
- We will be unable to process your application if you do not provide Consent**
- ☐ If you have selected that you will meet the Charge Card eligibility criteria by mandating your monthly salary to your Island Gold Account, evidence of your monthly income must be provided e.g., payslip or letter from your employer

### Once we have reviewed your application we may ask for further information or supporting documentation.

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