

# BMI Card



from the UK's No1  
private hospital group



# Helping you manage the cost of private medical care

## Helping to spread the cost of health care

The BMI Card is a unique credit card that allows you to spread the cost of health care, allowing you or your family to benefit from treatment at your chosen BMI hospital at a time convenient to you.

## Designed to meet your needs

If you need an operation but do not have private medical insurance, most BMI hospitals offer a self pay surgery scheme that will include the consultant surgeon and anaesthetist fees. If the consultants charge separately, these amounts may be debited to your BMI Card account, by prior arrangement with your chosen BMI hospital.

If you have private medical insurance, the BMI Card will allow you to manage the costs of treatment not covered by your insurance, which might be, for example, health screening, maternity care or cosmetic surgery.

## Six months' interest-free credit for health care purchases

Your minimum payment each month from the month after treatment is 5% of the outstanding balance shown on the BMI Card statement, or £25, whichever is greater, (or the outstanding balance shown on the statement if less than £25).

If the purchase is paid in full within six months, it will be entirely interest-free.

## Attractive interest rate

The interest rate and APR for any health care purchase will be 0% for the first six months starting with the date of debiting the purchase to your account. Thereafter, interest will be charged on the remaining balance of the account at a typical current rate of 0.79% per month i.e. typical **APR 9.9%** variable.

## Choice of credit limit

You may choose your credit limit up to a maximum of £12,000. This facility is limited to applicants aged 18 years or over and living in England, Wales or Scotland, and is subject to normal credit checking procedures and our Conditions overleaf.

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With your permission, we will contact your bank or building society, which must be inside the European Union, for a reference and to confirm your name and address. BMI Healthcare reserves the right to refuse any application at its absolute discretion.

### **No annual charge**

The BMI Card has no annual charge or membership fee.

### **Your security**

The Credit Agreement is regulated by the Consumer Credit Act 1974. A written quotation is obtainable on request.

### **How to apply**

To apply for your BMI Card, simply complete the attached Credit Agreement and Bank/Building Society Reference Form, and return them to: BMI Card Department, PO Box 4254, London W1A 6SS.

Applications of up to £7,000 can be approved within 48 hours of receipt of the signed agreement. Amounts over this can take up to 2 - 3 weeks to process and please allow postage time in addition.

### **BMI hospitals**

BMI Healthcare is a group of 49 acute care private hospitals around the United Kingdom with over 2,400 beds, Handling over 250,000 inpatients and 750,000 outpatient visits each year, over a third of the procedures undertaken for patients are of a major or complex nature. As a matter of policy, BMI Healthcare hospitals undertake all of their work to at least the standards set under relevant regulations and guidelines, which are at least the same standards set for the NHS. Each hospital has an experienced doctor on site 24 hours a day to support patient care, and a fully qualified nursing, clinical and support team relevant to the patient procedure undertaken.

A list of hospitals where the BMI Card can be used is shown overleaf.

The BMI Card can be used in any of the following locations

## Greater London

**Bishops Wood Hospital** Northwood  
Tel: 01923 835814 Fax: 01923 835181

**The Blackheath Hospital** Blackheath  
Tel: 020 8318 7722 Fax: 020 8318 2542

**Chelsfield Park Hospital** Orpington  
Tel: 01689 877855 Fax: 01689 837439

**The Clementine Churchill Hospital**  
Harrow Tel: 020 8872 3872  
Fax: 020 8872 3871

**The Garden Hospital** Hendon  
Tel: 020 8457 4500 Fax: 020 8457 4567

**The Kings Oak Hospital** Enfield  
Tel: 020 8370 9500 Fax: 020 8370 9501

**The London Independent Hospital**  
Stepney Green  
Tel: 020 7780 2400 Fax: 020 7780 2401

**Shirley Oaks Hospital** Croydon  
Tel: 020 8655 2255 Fax: 020 8655 5555

**The Sloane Hospital** Beckenham  
Tel: 020 8466 4000 Fax: 020 8464 1443

## South, West & Wales

**Bath Clinic** Bath  
Tel: 01225 835555 Fax: 01225 835900

**The Hampshire Clinic** Basingstoke  
Tel: 01256 357111 Fax: 01256 329986

**The Harbour Hospital** Poole  
Tel: 01202 244200 Fax: 01202 244201

**The Ridgeway Hospital** Swindon  
Tel: 01793 814848 Fax: 01793 814852

**Sarum Road Hospital** Winchester  
Tel: 01962 844555 Fax: 01962 842620

**Werndale Hospital** Carmarthen  
Tel: 01267 211500 Fax: 01267 211511

**The Winterbourne Hospital** Dorchester  
Tel: 01305 263252 Fax: 01305 265424

## South East

**The Chaucer Hospital** Canterbury  
Tel: 01227 825100 Fax: 01227 762733

**The Chiltern Hospital** Great Missenden  
Tel: 01494 890890 Fax: 01494 890250

**The Esperance Hospital** Eastbourne  
Tel: 01323 411188 Fax: 01323 410626

**Fawkham Manor Hospital** Longfield  
Tel: 01474 879900 Fax: 01474 879827

**Goring Hall Hospital** Worthing  
Tel: 01903 506699 Fax: 01903 242348

**McIndoe Surgical Centre** East Grinstead  
Tel: 01342 330300 Fax: 01342 330301

**Mount Alvernia Hospital** Guildford  
Tel: 01483 570122 Fax: 01483 532554

**The Paddocks Clinic**  
Princes Risborough  
Tel: 01844 276000 Fax: 01844 344521

**The Princess Margaret Hospital**  
Windsor  
Tel: 01753 743434 Fax: 01753 743435

**The Runnymede Hospital** Chertsey  
Tel: 01932 877800 Fax: 01932 875433

**The Shelburne Hospital** High Wycombe  
Tel: 01494 888700 Fax: 01494 888701

**The Somerfield Hospital** Maidstone  
Tel: 01622 208000 Fax: 01622 674706

## Midlands

**The Droitwich Spa Hospital** Droitwich

Tel: 01905 793333 Fax: 01905 793334

**The Foscote Hospital** Banbury

Tel: 01295 252281 Fax: 01295 272877

**The Manor Hospital** Biddenham

Tel: 01234 364252 Fax: 01234 325001

**The Meriden Hospital** Coventry

Tel: 024 7664 7000 Fax: 024 7664 7001

**The Nuneaton Private Hospital**

Nuneaton

Tel: 02476 357500 Fax: 02476 346645

**The Park Hospital** Nottingham

Tel: 0115 967 0670 Fax: 0115 967 0381

**The Priory Hospital** Edgbaston

Tel: 0121 440 2323 Fax: 0121 440 0804

**The Sandringham Hospital**

King's Lynn

Tel: 01553 769770 Fax: 01553 767573

**The Saxon Clinic** Milton Keynes

Tel: 01908 665533 Fax: 01908 608112

**Three Shires Hospital** Northampton

Tel: 01604 620311 Fax: 01604 629066

## North & Scotland

**Albyn Hospital** Aberdeen

Tel: 01224 595993 Fax: 01224 589869

**The Alexandra Hospital** Cheadle

Tel: 0161 428 3656 Fax: 0161 491 3867

**The Beardwood Hospital** Blackburn

Tel: 01254 507607 Fax: 01254 507608

**The Beaumont Hospital** Bolton

Tel: 01204 404404 Fax: 01204 404488

**Chatsworth Suite** Chesterfield

Tel: 01246 544400 Fax: 01246 205703

**Fernbrae Hospital** Dundee

Tel: 01382 631400 Fax: 01382 660155

**The Highfield Hospital** Rochdale

Tel: 01706 655121 Fax: 01706 356759

**The Manchester Lifestyle Hospital**

Manchester

Tel: 0161 249 3000 Fax: 0161 249 3008

**Ross Hall Hospital** Glasgow

Tel: 0141 810 3151 Fax: 0141 882 7439

**The South Cheshire Private Hospital**

Crewe

Tel: 01270 500411 Fax: 01270 583297

**Thornbury Hospital** Sheffield

Tel: 0114 266 1133 Fax: 0114 268 6913

# Credit Agreement regulated by the Consumer Credit Act 1974

Please complete all sections in BLOCK CAPITALS and tick where appropriate.

Mr  Mrs  Miss  Ms  Other Title \_\_\_\_\_

First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone number (include STD code) \_\_\_\_\_

Business telephone number (include STD code) \_\_\_\_\_

Owner  Tenant  Furnished  Unfurnished  Living with parents

Time resident at present address Years \_\_\_\_\_ Months \_\_\_\_\_

If less than three years, please give previous address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Time resident at above address Years \_\_\_\_\_ Months \_\_\_\_\_

Date of birth \_\_\_\_\_ Mothers maiden name \_\_\_\_\_

Married  Single  Widow(er)  Separated  Divorced

Employed  Self-employed  Retired  Unemployed

If employed, state name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Present position \_\_\_\_\_

Number of years employed in above position \_\_\_\_\_

If self employed, state nature of business \_\_\_\_\_

If retired, please state occupation on retirement \_\_\_\_\_

Your gross annual income from all sources £ \_\_\_\_\_

Your partner's gross income from all sources £ \_\_\_\_\_

**Regular monthly outgoings** Mortgage \_\_\_\_\_

Rent \_\_\_\_\_ Loans \_\_\_\_\_ HP \_\_\_\_\_ Other \_\_\_\_\_

### Credit limit requested

£1,000     £2,000     £3,000     £4,000     £5,000     Other £  ,000

Credit limit requests should be in multiples of £1,000 to a maximum of £12,000

Name of BMI hospital that you would like to use \_\_\_\_\_

**If you wish to nominate an additional Cardholder, please ask the person you nominate to complete this section:**

Mr     Mrs     Miss     Ms     Other Title \_\_\_\_\_

First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_

**Use of your information:** You have a right to know how we will use your personal information. It is important that you read the 'Use of your information' notice overleaf (Part II only), which includes details of your rights to information, before you sign below.

Signature of additional Cardholder \_\_\_\_\_

Date of signature \_\_\_\_\_

### IMPORTANT – YOU SHOULD READ THIS CAREFULLY

#### YOUR RIGHTS

The Consumer Credit Act 1974 covers this agreement and lays down certain requirements for your protection which must be satisfied when the agreement is made. If they are not, we cannot enforce the agreement against you without a court order.

The Act also gives you a number of rights. You have a right to settle this agreement at any time by giving notice in writing and paying off all amounts payable under the agreement. If you have obtained unsatisfactory goods or services under a transaction financed by this agreement you may have a right to sue the supplier, us or both. Similarly, if the contract is not fulfilled, perhaps because the supplier has gone out of business, you may still be able to sue us.

If you would like to know more about the protection and remedies provided under the Act, you should contact either your local Trading Standards Department or your nearest Citizens' Advice Bureau.

#### LOSS OR MISUSE OF THE CARD

If the Card is lost, stolen or misused by someone who obtained it without your consent, you may be liable for up to £50 of any loss to us. If it is misused with your permission you will probably be liable for **ALL** losses. You will not be liable for losses to us which take place after you have told us of the theft, etc.

## IMPORTANT

Please issue a BMI Card for my use, an additional Card for use by the person nominated opposite (if any), and renewal and replacement Cards. I confirm that the information given opposite is true and complete, and that I have read carefully the Conditions overleaf before signing.

After completion of this application form (including the Credit Agreement and Bank/Building Society Reference Consent Form) detach from the leaflet and return to: **BMI Card Department, PO Box 4254, London W1A 6SS.**

## USE OF YOUR INFORMATION

You have a right to know how we will use your personal information. It is important that you read the 'Use of your information' notice overleaf, which includes details of your rights to information, before you sign.

This is a Credit Agreement regulated by the Consumer Credit Act 1974. Sign it only if you want to be legally bound by its terms.

Signature of Customer

Date of signature

## YOUR RIGHT TO CANCEL

Once you have signed this agreement, you will have for a short time a right to cancel it. Exact details of how and when you can do this will be sent to you by post by us.

Signature on behalf of  
BMI Healthcare Limited

Date of Agreement

## BANK/BUILDING SOCIETY REFERENCE CONSENT FORM

Name of Bank/Building Society \_\_\_\_\_

Address of branch \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Sort code \_\_\_\_\_ **I/We\* authorise my/our bank/building society detailed to**

Account number \_\_\_\_\_ **provide a reference and confirm my/our name and address**

**to: BMI Card Department, PO Box 4254, London W1A 6SS.**

Signed

Full name

Date

Signed

Full name

Date

**\*Delete as appropriate and sign in accordance with the mandate for the account**

BMI Healthcare Limited Registered in England number 2164270  
Registered office: 66 Chiltern Street, London W1U 6GH  
BMI Card Reference Consent Form 06/04



4 2 0 9 8 4

Originator's Identification Number

Reference (for BMI Healthcare use)

Reference (for BMI Healthcare use)

**Instruction to your Bank or Building Society to pay by Direct Debit.**

Please fill in the whole form using a ballpoint pen and send to:  
BMI card department; PO Box 4254, London W1A 655

**Name and full postal address of your bank or building society branch**

To: The manager \_\_\_\_\_ (Bank or Building Society)

Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

**Name(s) of account holder(s)**

\_\_\_\_\_

**Bank or Building Society account number**

\_\_\_\_\_

**Branch sort code**

\_\_\_\_\_

Banks and building societies may not accept Direct Debit instructions for some types of account.

This is not part of the instruction to your Bank or Building Society  
FOR BMI HEALTHCARE LTD OFFICIAL USE ONLY

**Please tick:**

I wish to pay all charges in equal instalments over the  
six month interest free period

I wish to pay the minimum amount required each month   
I wish to pay the following amount each month £ \_\_\_\_\_

**Instruction to your bank / building society.**

Please pay BMI Healthcare Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with BMI Healthcare Ltd and, if so, details will be passed electronically to my bank / building society.

Signature(s)

Date

\_\_\_\_\_

## CONDITIONS

### FINANCIAL DETAILS

We will determine the credit limit from time to time and give you notice of it.

You must make the minimum payment to us each month as follows:

**Amount of minimum payment** 5% of the outstanding balance shown on the statement, or £25, whichever is greater, (or the outstanding balance shown on the statement if less than £25);

**Time of minimum payment** within 25 days starting with the statement date.

Interest rate, typical **APR 9.9%** variable, except as below.

We calculate the APR without taking account of any variation that may occur under the Agreement of the rate or amount of interest. We may vary the rate or amount of interest by giving you at least seven days' notice in writing, to reflect any change that has happened, or that we reasonably expect to happen in the near future, in:

- interest rates on credit card accounts generally or those similar to the Account;
- interest rates we pay to any of our funders or creditors;
- our administrative costs; or
- risks of shortfalls on credit card accounts generally or those similar to the Account, whether among borrowers generally or among our borrowers; or
- to adjust our interest rate structure to maintain a prudent level of profitability.

The interest rate and APR for any Purchase will be 0% for the first six months starting with the date of debiting the Purchase to the Account.

#### 1. Definitions

<b>'Account'</b>	means any account held in your name under the Agreement.
<b>'Card'</b>	means any card issued under the Agreement and, where the context allows, the Account number.
<b>'Cardholder'</b>	means the person for whose use a Card is issued.
<b>'General Healthcare Group'</b>	means us, our subsidiary and parent undertakings, and any subsidiary undertakings of any of our parent undertakings, from time to time.
<b>'Purchase'</b>	means any payment by means of a Card.
<b>'Scheme Member'</b>	means any person who, under arrangements with us, accepts the Card as payment for goods, services and other items.

**'We', 'us', 'our', 'ours', 'ourselves'** means BMI Healthcare Limited, and any person to whom its rights and/or duties under the Agreement have passed or are agreed to pass.

**'You', 'your'** means the person who signs the Agreement as Customer.

#### 2. Card issue

By signing the Agreement, you ask us to issue a Card, and any additional, renewal and replacement Card. The Agreement is made when it is signed by you and on our behalf. You must be aged 18 years or over.

#### 3. Additional Card

We may issue an additional Card only if you and the person you nominate as an additional Cardholder sign a request. You will be responsible for any additional Card and for any indebtedness arising from its use as if the Card were issued for your use. If you ask, we will suspend an additional Card.

- 4. Card care**
- 4.1 If we issue a Card for your use, you must sign the Card promptly on receipt, keep the Card secure at all times, and not allow the Card to be used by another person.
- 4.2 If the Card is lost or stolen or may be misused, you must tell us promptly by telephoning **BMI Card Department, BMI Healthcare Limited, 020 7009 4560** between 9.00am and 5.30pm, Monday – Friday except bank and public holidays. If we ask, you must confirm this in writing to **BMI Card Department, BMI Healthcare, PO Box 4254, London W1A 6SS**. You must give us all relevant information, and take reasonable steps to help us recover a missing Card.
- 4.3 If we issue an additional Card, you must take reasonable steps to ensure that the Cardholder does the same in relation to the additional Card issued for his or her use.
- 5. Scheme Member**
- The Card (or the Account number, where our arrangements with the Scheme Member allow) may be used only as payment to the Scheme Member for goods, services or other items in connection with medical treatment.
- 6. Credit limit**
- The outstanding balance on the Account must not exceed the credit limit. If it does, you must pay us the excess promptly after we ask you to do so. This payment is in addition to the minimum payment in the Financial Details above.
- 7. Card validity**
- The Card must not be used before or after the period for which it is stated to be valid, or after we suspend or recall the Card, or after the Agreement ends.
- 8. Your responsibility to pay**
- You must pay us the amount of Purchases, interest and charges under the Agreement even if, for any reason:
- the Card is used in breach of condition 5, 6 or 7;
  - the Cardholder has not signed (or given other authentication) for the Purchase; or
  - we have not debited the amount to the Account or paid the Scheme Member;
- except as in the notices below.
- 9. Account**
- 9.1 We will debit to the Account:
- Purchases normally within one working day after the Purchase date; and
  - interest and charges on or around the 16th of the month.
- 9.2 We will credit to the Account:
- payments by you when the payment clears; and
  - refunds by us and refunds by the Scheme Member, promptly after we receive satisfactory evidence for making the refund.
- 9.3 Payments by you will take effect when the payment clears. We will process payments by you promptly.
- 10. Statements**
- 10.1 We will send you a statement each month, while there is a balance on the Account. Statements will show any balance carried over from the previous statement, debits and credits made during the statement period, the balance at the statement date, and the amount and due date of the minimum payment. If we are unable to send you a statement for any reason, this will not affect your responsibility to pay interest under the Agreement.
- 10.2 We may give you notices and other important information by a message on statements. You must check each statement carefully, and tell us promptly by telephone if the statement includes an item that seems to be wrong.
- 11. Interest**
- 11.1 We will charge interest on Purchases at 0% per month, APR 0%, for the first six months starting with the date of debiting the Purchase to the Account, then at 0.79% per month, **typical APR 9.9%** variable, until you make payment in full.
- 11.2 We will charge interest on interest and charges at 0.79% per month, **typical APR 9.9%** variable, starting 6 months after the date of debiting the amount, until you make payment in full.
- 11.3 We will charge interest on those amounts as at the end of each day.
- 11.4 We will charge interest before and after any court judgment we may obtain against you, unless the court orders otherwise (for example, using its powers under sections 129 and 136 of the Consumer Credit Act 1974).
- 12. Payment**
- 12.1 You may pay more than the minimum payment, up to all amounts payable by you under the Agreement. You must pay punctually and ensure that no cheque or other item for payment is returned unpaid.
- 12.2 You must pay in sterling from an account held in the United Kingdom:
- by credit card;
  - by cheque, standing order or direct debit from your bank account; or
  - by cheque drawn by your building society which confirms your identity on the back.
- 13. Applying credits**
- We will apply any credit towards amounts payable by you in the order in which we debit them to the Account, and after that in any order we choose.
- 14. Credit balance**
- If any credit balance arises on the Account (for example, as a result of a refund), we will hold the credit balance on trust for your benefit and separately from our own money. We will pay any credit balance to you promptly, if you ask or if the Agreement ends, after deducting any amounts likely to be payable by you under the Agreement.
- 15. Charges**
- 15.1 If you breach the Agreement, you must pay charges to cover our costs as follows:
- £25 for each time a cheque or other item for payment is returned unpaid; and
  - £20 for each time any amount payable by you under the Agreement is not credited to the Account within one day after its due date.
- 15.2 You must pay our reasonable costs of taking steps to recover any amount payable by you under the Agreement (for example, costs of tracing you and taking court action).
- 16. Card restriction**
- 16.1 The Card is our property. We may issue a replacement Card and change the Account number, for security purposes. We may keep, suspend or recall a Card, or refuse to issue a renewal or replacement Card, for security purposes, or if the credit limit is exceeded, or if we are entitled to end the Agreement.
- 16.2 If we take action under condition 16.1, we will tell you this and our reason. If we suspend or recall a Card, you must return the Card to us cut in half, promptly after we ask you to do so.
- 17. Ending the Agreement**
- 17.1 We may end the Agreement:
- if you fail to remedy a breach of the Agreement after we have given you an opportunity to do so;
  - if you become bankrupt or incapable of managing your affairs or if you die, by giving you or your representatives notice in writing; or
  - by giving you at least 30 days' notice in writing.
- 17.2 Before we end the Agreement under condition 17.1(a) or give notice under condition 17.3, we will comply with any legal requirement (for example, serving a default notice).
- 17.3 If we end the Agreement, you must pay all amounts payable by you under the Agreement, and return all Cards to us cut in half, promptly after we give you notice in writing to do so.

17.4 You may end the Agreement at any time by giving us notice in writing, paying all amounts payable by you under the Agreement, and returning all Cards to us cut in half.

17.5 The terms of the Agreement will continue until you have paid all amounts payable by you under the Agreement and returned all Cards to us cut in half.

#### 18. Varying the Agreement

18.1 If we relax the terms of the Agreement (for example, by giving you time to pay), we may decide to enforce the Agreement strictly at any time.

18.2 We may vary the terms of the Agreement by giving you at least 30 days' notice in writing. If we vary the credit limit at your request, we may allow the change to take effect immediately. These rights to vary are in addition to the right to vary in the Financial Details above.

#### 19. Liability

We will not be liable for the refusal of any Scheme Member to accept the Card, or for any loss caused by circumstances beyond the reasonable control of ourselves, of our employees or of our agents, except as in the notices below.

#### 20. Change of your details

You must tell us promptly in writing of any change of your

name or address.

#### 21. Transfer

We may transfer our rights and/or duties under the Agreement to any person. Any such transfer will not affect your rights under the Agreement or any rights you may have against a supplier in respect of a Purchase. You may not transfer your rights or duties under the Agreement.

#### 22. Third parties

The terms of the Agreement may be enforced only by you or by us.

#### 23. Law

If you live in England or Wales, English law applies to the Agreement and courts in England or Wales may deal with disputes in connection with the Agreement. If you live in Scotland, Scottish law applies to the Agreement and Scottish courts may deal with disputes in connection with the Agreement. The Card is available only if you live in England, Wales or Scotland.

## USE OF YOUR INFORMATION

### Part I: Customer

In considering your application, renewal or credit status, we will search your record at one or more credit reference agencies. They will add to your record details of our search and your application and this will be seen by other organisations that make searches. We will use a credit scoring or other automated decision-making system when assessing your application.

It is important that you give us accurate information. We may check your details with fraud prevention agencies and, if you give us false or inaccurate information and we suspect fraud, we will record this.

These records will be shared with other organisations and used by us and them:

- to help make decisions about credit and credit-related services, such as insurance for you and members of your household; and
- to trace debtors, recover debt, prevent money laundering and fraud, and manage your accounts.

For these purposes, we or they may make further searches. Although these searches will be added to your record, they will not be shared with others.

The credit reference agencies and fraud prevention agencies will also use the records for statistical analysis about credit and about insurance and fraud.

Fraud prevention agency records will also be shared with other organisations to help make decisions on motor, household, credit, life and other insurance proposals and insurance claims, for you and members of your household.

**The credit reference agency from whom we obtain and to whom we pass information about you is Equifax Plc.**

Although we currently do not do so, we may use other credit reference agencies, and fraud prevention agencies, for the purposes described.

### Part II: Customer and additional Cardholder

In this Part II:

- 'you', 'your' means the person who signs the Agreement as Customer, and any person nominated as an additional Cardholder for the Agreement; and
- 'your information' means any information obtained about you as a result of any application to or agreement with us, and any information about the Account.

We may pass your information to:

- our agents and suppliers (for example, processors and insurers), and any other company of the General Healthcare Group and its agents and suppliers, to manage the Account and to conduct, monitor and analyse our business;
- the police and any other law enforcement agency, to prevent fraud and theft;
- any person to whom any of our rights and/or duties under the Agreement have passed or are agreed or proposed to pass, and any rating agencies, investors and advisers involved; and
- any person, to comply with any legal or regulatory requirement applying in any country to any company of the General Healthcare Group.

Your information may be transferred to countries that may not have the same level of data protection legislation as inside the United Kingdom. We are responsible for ensuring that your information continues to be adequately protected after any such transfer.

**You have a right to receive a copy of the information we hold about you if you apply in writing to BMI Card Department, PO Box 4254, London W1A 6SS. A statutory fee will be payable.**

Telephone calls between us and you may be monitored and/or recorded.



66 Chiltern Street London W1U 6GH Tel 020 7009 4500 Fax 020 7009 4502  
info@bmihealthcare.co.uk www.bmihealthcare.co.uk