

Change a business address and/or contact details

For Commercial Corporate Clients

LLOYDS BANK



FREF 115273

Before you begin: It's best to save this form to your computer and open it using Adobe Acrobat Reader. Doing this will allow you to fill in the PDF and upload signatures. You can get the latest version of Adobe Acrobat Reader by visiting <https://get.adobe.com/reader/>

Guidance notes

- This form is enabled for completion through an online PDF which will help us to give you the fastest service, although it is still possible to print it if required. You can save the form at any time using the toolbar at the top of the screen.
- Fields marked with an * are mandatory and must be completed in order to complete your application.
- Following completion of all the fields, an image of your signature can be uploaded to the form in the signatories section. This removes any need to print the form.
- Once the form is completed and signed, options are available to return the form via email (you can find contact details at the bottom of the form).

1

About you

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

Please provide details of your **main** business account:

Full name of business *

Branch sort code *

Account number *

2

Business contact changes

Would you like to update your primary business contact, telephone number or email address? *

Yes

No



If **yes** please complete Section 2.1.

If **no** please go to Section 3.

2.1

New contact details (if applicable)

Please note: The primary business contact must be a **full power** signatory on the account.

Title Mr Mrs Miss Ms Other (please specify)



Your first name(s)

Your last name

New primary business contact telephone number

(this **must** include UK area dialling code if it's a landline or the area code, if overseas)

New primary business email address

3

Business address changes

Would you like to update your business address? *

Yes

No



If **yes** please complete Sections 3.1 to 3.3 (if applicable).

If **no** please go to Section 4.

Please note: you can add up to **three** new addresses.

3.1

First new business address details (if applicable)

Which address would you like to change? (please cross **all** that apply)

Mailing address
(The default address that all mail will be sent to)



Trading/business address
(Where your day to day business activities take place)



Registered address
(This must match the address held at Companies House)



New address (include building name if applicable)

Post code or Zip Code

3

Business address changes

continued

3.2

Second new business address details (if applicable)

Which address would you like to change? (please cross all that apply)	Mailing address (The default address that all mail will be sent to) <input checked="" type="checkbox"/>	Trading/business address (Where your day to day business activities take place) <input checked="" type="checkbox"/>	Registered address (This must match the address held at Companies House) <input checked="" type="checkbox"/>
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New address (include building name if applicable)

Post code or Zip Code

3.3

Third new business address details (if applicable)

Which address would you like to change? (please cross all that apply)	Mailing address (The default address that all mail will be sent to) <input checked="" type="checkbox"/>	Trading/business address (Where your day to day business activities take place) <input checked="" type="checkbox"/>	Registered address (This must match the address held at Companies House) <input checked="" type="checkbox"/>
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New address (include building name if applicable)

Post code or Zip Code

Please note: this change applies to **all** Lloyds Bank accounts, products or services operating under this Business Name, with the **exception of Asset Finance or Invoice Finance holdings**.
If you hold an Asset Finance or Invoice Finance facility and need to update your contact details, please provide your reference below.

Your Asset Finance Agreement number (if applicable)	Your Invoice Finance Client number (if applicable)
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

Please note: If you hold more than **one** Asset Finance Agreement number **or** Invoice Finance Client number, you only need to provide **one** and we will use this to locate others you hold with us.

4

Statement address changes (if different from Business mailing)

Only complete this section if you wish for your statements to be sent to a different address for specific accounts. Any accounts not listed here will go to your mailing address.

Would you like your business account statements to be posted to an address different to your mailing address? *	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes please complete Sections 4.1 and 4.2. If no please go to Section 5 (all correspondence to go the mailing address).
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4.1

New business statement address (if applicable)

New business correspondence address for statements	Please provide details of which account(s) you would like this business correspondence address to be recorded on:	
<div></div> <div></div> <div>Post code or Zip Code</div>	Branch sort code	Account number
	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>

4	Statement address changes (if different from Business mailing)	continued
4.2	Additional details/statement addresses (if applicable)	

If you need to update the statement address for any **other** accounts please provide details below of the specific accounts and account details to be changed, and any additional addresses

5	Keep me informed
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How would you like to be contacted in case we need to contact you for further information?

email

☒

SMS/
text

☒

We will also keep you updated about your request.

Please note: We will **not** retain these contact details and they will **only** be used for the purpose of this form.

Please give your contact details below:

Your email address

Your mobile phone number (UK only)

6	Personal address changes
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Does your personal address also need to change? *

(Please tell us if your personal address has changed regardless of whether you have a personal account with us)

Yes

☒

No

☒

If yes please complete Sections 6.1 and 6.2.

If no please go to Section 7.

6.1	About you (if applicable)
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Title

Mr
☒

Mrs
☒

Miss
☒

Ms
☒

Other (please specify)

Your first name(s)

Your last name

Your date of birth

D	D	M	M	Y	Y	Y	Y
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6.2	New residential address and contact details (if applicable)
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New residential address details (include house name if applicable)

Post code or Zip Code

What is your **new** residential status?

Owner –
no mortgage

☒

Owner –
with mortgage

☒

Local authority
tenant

☒

Private
tenant

☒

Living with
parents

☒

Other (please specify)

New personal home telephone number
(this **must** include UK area dialling code or area code, if overseas)

New personal mobile number (including area code, if overseas)

New personal email address

7	Your authorisation (for changes to your business details)
7.1	Approver declaration

Please read the guidance note carefully before you sign this printable form, in order to help us complete your request quickly. If you are unsure who can sign this form, please contact your Relationship Team. Alternatively please call our friendly advisors on **0345 601 5585**. We're open Monday to Friday, 7am-8pm or Saturday, 9am-2pm (except UK bank holidays).

Who should sign?

- This form must be signed by Full Power signatories named on your mandate. The number of signatories who need to sign is set out on your mandate signing instructions.

By signing you confirm that information given in this form is accurate.

7.2	Approvers signatures
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There are **two** ways to add signatures to the form:

- Upload an image of your signature
- Print and sign with a pen.

To upload an image:

- Save the form to your device
- Open the form in **Adobe Acrobat Reader**
- Select the signature field to upload your image.

We strongly recommend you send the form to any other approvers and/or people who've been added to sign first.

Once you're satisfied, please sign and return the form to us (see details below).

First authoriser's name * <input type="text"/>	Second authoriser's name (if required) <input type="text"/>
First authoriser's signature * <input type="text"/> <input type="text"/>	Second authoriser's signature (if required) <input type="text"/> <input type="text"/>
Third authoriser's name (if required) <input type="text"/>	Fourth authoriser's name (if required) <input type="text"/>
Third authoriser's signature (if required) <input type="text"/> <input type="text"/>	Fourth authoriser's signature (if required) <input type="text"/> <input type="text"/>

Once completed and signed:

- Email the form to: commercialclientservicing@lloydsbanking.com
- OR
- Post the form to: **Commercial Servicing, Edinburgh, EH11 4DT**

Date this change is effective from *

D	D	M	M	Y	Y	Y	Y
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For bank use only	
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Staff member's name (in capitals)

When completed, please stamp below and send to the processing site on the day of receipt – always use the signpost tool

(Branch stamp with today's date)

Is the customer present?	Yes	No
Has the customer's signature been confirmed?	<input type="checkbox"/>	<input type="checkbox"/>
Have the customer's signing rules been confirmed?	<input type="checkbox"/>	<input type="checkbox"/>
Has the SMDU been updated (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>

Please contact us if you would like this information in an alternative format such as Braille, large print or audio.