

# Change a business address and/or contact details

## For Commercial Banking Corporate customers

**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)

**Solicitor's address**

(The address of your solicitor)

**Accountant address**

(The address of your accountant)

New address (include building name if applicable)




Post code or Zip Code

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)

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

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

Solicitor's address (The address of your solicitor)

Accountant address (The address of your accountant)

New address (include building name if applicable)

Form with three input fields and a label 'Post code or Zip Code' at the bottom.

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)

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

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

Solicitor's address (The address of your solicitor)

Accountant address (The address of your accountant)

New address (include building name if applicable)

Form with three input fields and a label 'Post code or Zip Code' at the bottom.

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)

Grid of 12 input boxes for Asset Finance Agreement number.

Your Invoice Finance Client number (if applicable)

Grid of 12 input boxes for Invoice Finance Client number.

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.

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

No

If yes please complete Sections 4.1 and 4.2.

If no please go to Section 5 (all correspondence to go the mailing address).

4.1 New business statement address (if applicable)

New business correspondence address for statements

Form with three input fields and a label 'Post code or Zip Code' at the bottom.

Please provide details of which account(s) you would like this business correspondence address to be recorded on:

Branch sort code

Grid of 20 input boxes for Branch sort code.

Account number

Grid of 20 input boxes for Account number.

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


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)

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.

Title Mr Mrs Miss Ms Other (please specify)

Your date of birth

Your first name(s)

Your last name

New residential address details (include house name if applicable)


Post code or Zip Code

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)

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 email address

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.

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 \*

Second authoriser's name (if required)

First authoriser's signature \*

Second authoriser's signature (if required)

Third authoriser's name (if required)

Fourth authoriser's name (if required)

Third authoriser's signature (if required)

Fourth authoriser's signature (if required)

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 \*

**For bank use only**

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
<input type="checkbox"/>	<input type="checkbox"/>

Has the customer's signature been confirmed?

<input type="checkbox"/>	<input type="checkbox"/>
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Have the customer's signing rules been confirmed?

<input type="checkbox"/>	<input type="checkbox"/>
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Has the SMDU been updated (if applicable)?

<input type="checkbox"/>	<input type="checkbox"/>
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Please contact us if you would like this information in an alternative format such as Braille, large print or audio.

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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under Registration Number 119278.

Eligible deposits with us are protected by the Financial Services Compensation Scheme (FSCS). We are covered by the Financial Ombudsman Service (FOS).

Please note that due to FSCS and FOS eligibility criteria not all business customers will be covered.

We adhere to The Standards of Lending Practice which are monitored and enforced by the LSB: [www.lendingstandardsboard.org.uk](http://www.lendingstandardsboard.org.uk)