# Change a business address and/or contact details



FREF 115271

### For Business Banking 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 <u>https://get.adobe.com/reader/</u>

Guidance notes		
<ul> <li>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.</li> <li>Fields marked with an * are mandatory and must be completed in order to complete your application.</li> </ul>	<ul> <li>Following completion of all the fields, an image of your signature can be uploaded to the form in the signatories section.</li> </ul>	
1 About you		
Please write clearly in the white spaces with capital letters or cross the boxes.	Please provide details of your <b>main</b> 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)	New primary contact numbers (this <b>must</b> include UK area dialling code if it's a landline or the area code, if overseas) Telephone Mobile Fax New primary business email address	
Your last name	New plimary 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 address details (if applicable)		
Which address would you like to change? (please cross <b>all</b> that apply) (The default address that all mail will be sent to)	Trading/business addressRegistered address(Where your day to day(This must match the addressbusiness activities take place)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 address de	tails (if applicable)		
	dress would you like to change? ross <b>all</b> 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		
3.3	Third new address deta	ils (if applicable)		
	Idress would you like to change? ross <b>all</b> 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 add	ress (include building name if applicat	ble)		
		Dest sodo er Zio Codo		
		Post code or Zip Code		
Please no	ote: these changes applies to all Lloyd	Is Bank accounts operating under <b>this</b> Business N	ame.	
		one or more of the following parts of the Lloyds B	Banking Group, <b>we will</b> inform them of your new o	letails:
	yds Bank Business Credit Cards yds Bank Business Currency Accounts			
	yds Bank Business Loans			
- All	All Lloyds Bank online services for Business Banking.			
4	Keep me informed			
	h to be kept informed via SMS on the p Imber, title and surname below.	progress of this request, please provide a valid	Title Mr Mrs Miss Ms	Other (please specify)
	This information will be used for the purposes of <b>this request only.</b> Please leave this section <b>blank</b> if you <b>do not</b> wish to receive SMS updates.		Your first names	
Your mob	ile phone number (UK only)		Your last name	

5	Your authorisation (for changes to your business details	;)
5.1	Approver declaration	
us compl your Rela	ad the guidance note carefully before you sign this printable form, in order to help ete your request quickly. If you are unsure who can sign this form, please contact tionship Team. Alternatively please call our friendly advisors on <b>0345 072 5555</b> . en Monday to Friday, 7am-8pm or Saturday, 9am-2pm (except UK bank holidays).	<ul> <li>Who should sign?</li> <li>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.</li> <li>By signing you confirm that information given in this form is accurate.</li> </ul>
5.2	Approvers signatures	
1         Up           2         Prin           To upload         Sax           •         Sax	e <b>two</b> ways to add signatures to the form: load an image of your signature nt and sign with a pen. <b>d an image:</b> <i>y</i> e the form to your device en the form in <b>Adobe Acrobat Reader</b> ect 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 auth	ioriser's name *	Second authoriser's name (if required)
First auth	horiser's signature *	Second authoriser's signature (if required)
Third aut	horiser's name (if required)	Fourth authoriser's name (if required)
Third aut	thoriser's signature (if required)	Fourth authoriser's signature (if required)
Date this	change is effective from:* D D M M Y Y Y Y	

6	Personal address changes			
(Please t	r personal address also need to change? * ell us if your personal address has changed regardless of you have a personal account with us)	Yes No	If yes please complete the rest of the form. If no please return the partially completed (Sections 1 to 6) form to us.	
6.1	About you			
Do you hi	ave a personal account with Lloyds Bank?	Yes No	Do you hold any joint accounts?	Yes No
	ase complete this section.		If yes please confirm that the joint party is moving with you and	Yes No
	ase go to Section 6.2.		would like their address updated on their joint and sole accounts.	
Your nam	ne (as on your <b>personal</b> account)		If yes please ensure the additional signature of the joint party is captured in	Section 8.
Your brar	nch sort code Your account number		If no we will change your address only.	
			Joint accounts only:	
Previous	house number/name		Full name of joint customer (as on your personal account)	
Previous	postcode		Date of birth	
Your date				
DC	M M Y Y Y Y			
6.2	Your new residential address and persona	l contact deta	ils	
New residential address details (include house name if applicable)			New personal home telephone number (this <b>must</b> include UK area dialling code or area code, if overseas)	
	Post code or Zip Code		New personal mobile number (including area code, if overseas)	
What is y	our <b>new</b> residential status?			
Owner –	Owner – Local authority Private	Living with	New personal email address	
no mortg	age with mortgage tenant tenant	parents		
Other (pl	ease specify)			
7	Your personal statement address			
Would yo	ou like you <b>personal</b> account statements to be posted to	Yes No	If yes please complete Section 7.1.	
an addre	ss different to your <b>residential</b> mailing address? *		If no please go to Section 8 (all correspondence will go the personal mailing	address).
7.1	Your new personal statement address			
		Please provide details of which account(s) you would like this corresponden recorded on:	ce address to be	
New pers	sonal correspondence address for statements		Branch sort code Account number	
	D			
	Post code or Zip Code			

8	Your authorisation (for changes to your personal detai	ls)
<b>I confirm</b> Your nam	that the information given is correct. e	Would you like confirmation of your change of address? Yes No
Your sign	ature	If yes how would you like to be contacted? Letter SMS
		If you have accounts, or other products or services with <b>one or more</b> of the following parts of the Lloyds Banking Group**, we will inform them of your new details:
		Lloyds Bank Business Credit Cards
		Lloyds Bank Insurance*
Name of a	additional signatory (if required by your signing instructions held with the bank ***)	Lloyds Bank Private Banking
		Scottish Widows
Signature		If they need any further information, they will contact you directly.
		<ul> <li>If Lloyds Bank Insurance has arranged a policy for you through a separate insurance company you will still need to contact that company directly, as your failure to do so could affect your insurance cover.</li> </ul>
		** If you have a Lloyds Bank Car Finance product (Fixed Car Finance or Flex Car Finance)
		please contact <b>0333 202 7946</b> or sign in to <u>www.mycarfinance.com</u> to update your address details.
Date this	change is effective from: D D M M Y Y Y Y	*** This additional signature is only mandatory if you are moving the joint party address/ sole accounts.

#### Please return completed form to: Lloyds Bank, Business Banking, BX1 1LT

For bank use only			When completed, please stamp below and send to the processing site on the day of receipt
Staff member's name (in capitals)			<ul> <li>– always use the signpost tool</li> </ul>
			(Branch stamp with today's date)
Is the customer present?	Yes	No	
Has the customer's signature been confirmed?			
Have the customer's signing rules been confirmed?			
Has the SMDU been updated (if applicable)?			

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

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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.