Combined enquiry and consent



For Business and Commercial 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 **https://get.adobe.com/reader/**

1 Third Party details	
Contact name	Address (where response will be sent)
Company name	
	Postcode
Daytime contact telephone number and dialling code	Date of request
	D D M M Y Y Y Y
2 Details of the subject of the enquiry	
I/We request your opinion as to the means and standing of:	Purpose (nature of commitment e.g. rent, lease, credit limit etc)
Account name	
	Amount of payments
	£
Sort code Account number	Frequency of payments
3 How you wish to pay for the enquiry?	
5 How you wish to pay for the enquiry:	
I/We enclose a cheque for the payment of your fee	Debit Lloyds Bank customer account (quoted in Section 2)
	-
4 Lloyds Bank customer's consent	
To be completed by the customer named in Section 2 and signed in accordance with their bank mandate held by the bank.	
4.1 Approvers signatures	
There are two ways to add signatures to the form:	We strongly recommend you send the form to any other approvers and/or people who've
1 Upload an image of your signature	been added to sign first. Once you're satisfied, please sign and return the form to us (see details below).
2 Print and sign with a pen.	once you're satisfied, please sign and return the form to us (see details below).
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.	
I consent to my bank providing a reference on me to the person/company named in Section 1.	I consent to my bank providing a reference on me to the person/company named in Section 1.
I also consent to the charge being debited from our account (if applicable, see Section 3).	I also consent to the charge being debited from our account (if applicable, see Section 3).
Full name	Full name
Signature	Signature

Please return completed form to: MPC, 2 Bankhead Crossway North, Sighthill, Edinburgh, EH11 4DT

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

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