



Guidance notes

This application form is to be completed by Agency Banks for access to the following services:

- BACSTEL-IP 'A' Services
- AUDDIS Report
- Submission of Direct Debit Indemnity Claims

On receipt of the completed application form Lloyds Bank plc as Sponsoring Bank will set up your details on the Bacs Payments Services Website. If you have further queries on the use or completion of this form please contact your Client Manager.

DESCRIPTION OF THE BACSTEL-IP 'A' SERVICES

MESSAGING SERVICES:

ADDACS – the Automated Direct Debit Amendment & Cancellation Service
used to advise of changes to existing Direct Debit Instructions

AWACS – the Advice of Wrong Accounts for Credits received
used to advise of the correct details for credits received

AUDDIS returns – the Automated Direct Debit Instruction Service
used to advise of the return of (new) AUDDIS Direct Debit Instructions

DESCRIPTION OF THE 'AUDDIS REPORT'

DDI Voucher report for Agency Bank (AUDDIS report) used to advise agency banks of new Direct Debit Instructions

ZERO ACCOUNT ADVICES FOR AGENCY BANK

used to advise agency banks of zero account advices

DESCRIPTION OF THE 'DIRECT DEBIT INDEMNITY CLAIM AUTOMATION' (DDICA)
used to originate/cancel Direct Debit Indemnity Claims

DESCRIPTION OF THE DDIC ADVICE TRACE

used for carrying out a trace on a Direct Debit Indemnity Claim

RETURN PAYMENTS SERVICES:

ARUDD – the Automated Return of Unpaid Direct Debits
used to advise of Direct Debits being returned unpaid

ARUCS – the Automated Return of Unapplied Credits
used to advise of the return of credits received that cannot be applied to the destination account

Agency Bank contact privileges (Primary Security contact details)

The input and the approval of submissions must be performed by separate contacts. Therefore you must have at least two agency bank contacts registered. However, sufficient contacts should be set up to allow for absence etc. Agency Bank contacts will also access messaging submission reports to confirm the successful processing of their submissions.

The following privileges relating to the above mentioned services are available:

BACSTEL-IP 'A' SERVICES

Privilege:	Allows the contact to:
Messaging submission (manual input)	Manually enter messaging advices
Messaging submission (bulk file input)	Upload a CSV file of messaging advices
Messaging submission (approve)	Approve a manually entered messaging submission or a file upload of a messaging submission
Messaging submission reports (view/download report)	Access the messaging submission report and the submission error report of rejected advices (for ADDACS, AWACS and AUDDIS returns)
Return payment submission (manual input)	Manually enter return payment submissions
Return payment submission (bulk file input)	Upload a CSV file of messaging advices
Return payment submission (approve)	Approve a manually entered return payment submission or a file upload of return payment submission

AUDDIS REPORT

View/download DDI Voucher report	Access the Agency Bank version of the DDI voucher report
View/download Zero Account Advices	Access the Agency Bank version of Zero Account Advices

DDICA

DDIC Messaging Submission (manual input)	Manually enter Direct Debit Indemnity Claims
DDIC Messaging Submission File Upload (input)	Upload a CSV file of Direct Debit Indemnity Claims
DDIC Cancellation Submission (manual input)	Cancel Direct Debit Indemnity Claims
DDIC Messaging Submission (approve)	Approve manually entered Direct Debit Indemnity Claims
DDIC Messaging Cancellations (approve)	Approve cancellation of Direct Debit Indemnity Claims
DDIC Messaging Submission File Upload (approve)	Approve CSV file upload Direct Debit Indemnity Claims
View/download DDIC Reports	Access DDIC Reports
DDIC Advice Trace	Trace Direct Debit Indemnity Claim

You must ensure that all Contacts within your Organisation comply with all Instructional Material and User Guides provided to You by Us or Bacs.

On receipt of a signed application form by the Bank your organisation will be considered to have accepted the Lloyds Bank Suite of Bacs Services for Agency Banks Terms and Conditions.

1 Service details
1.1 Service User details

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

Service User Name (this is the name that best represents your organisation's use of the Bacs Services)

Originator user number (if known)

Service User e-mail address (Mandatory. This can be a personal or general e-mail address relating to your organisation)

Addressee name

Service User postal name (will be used by Bacs for any postal correspondence)

First line of address

Second line of address

City or Town

County

Post code

Country (if not UK)

2 Account details
2.1 Main account

Please complete this section in full.

Branch name

Account name

Settlement branch sort code

Settlement account number

Legal entity (Bank)

England and Wales

Guernsey

Isle of Man

Jersey

If you require more than one settlement account to be added please list the details below

Settlement branch sort code

Settlement account number

Settlement branch sort code

Settlement account number

Credit limit (£)

This limit needs to be sufficient for your ARUCS returns (unapplied Bacs credits).

3 Primary Security Contact (PSC) details
3.1 First Primary Security Contact details

Title Mr Mrs Miss Ms

First name

Last name

Office telephone number

Mobile number (if available)

Fax number (if available)

E-mail address (This should be a personal e-mail address but can be a general e-mail address relating to your organisation)

Smart Card required? Yes No **Note:** Access to AUDDIS Reports and DDICA privileges can be allocated to existing Smart Cards.

***If yes** please complete the card holder name

****If no** please provide your contact ID

*Smart Card holder name (this name will appear on your Smart Card and should be specific to the card holder)

**Contact ID (this can be found on the front of your Smart Card)

Please complete if Smart Card issuance address is different to address provided within Section 1.1.

First line of address

Second line of address

Third line of address

City or Town

County Post code

Services and Privileges

Please cross the boxes for access to the relevant Services and Privileges

BACSTEL-IP 'A' SERVICES

Messaging Submission (*ADDACS, AWACS and AUDDIS returns)

*For a description of these services please refer to the guidance notes on page 1 of this form.

	Yes	No
Bulk file input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View / download Messaging Submission Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Input method

Manual entry	CSV file upload
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Return Payments Submission (*ARUDD and ARUCS)

	Yes	No
Bulk file input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do you also require a contact ID and password access to collect reports from BACS?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If Yes you will be able to view/collect reports using a BACS issued ID and password (BACS will advise you of these by e-mail). Please complete the memorable information, which you will need to use in order to obtain your contact ID and password.

Memorable information

Memorable information hint

AUDDIS Report

	Yes	No
DDI Voucher Report for Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No
Zero Account Advices for Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Sort code(s)

Agency Bank sort code(s)	Agency Bank sort code(s)
3 0 <input type="text"/> <input type="text"/> <input type="text"/>	3 0 <input type="text"/> <input type="text"/> <input type="text"/>
Agency Bank sort code(s)	Agency Bank sort code(s)
3 0 <input type="text"/> <input type="text"/> <input type="text"/>	3 0 <input type="text"/> <input type="text"/> <input type="text"/>

DDICA

	Manual entry	CSV file upload
Input method	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Messaging Submission

	Yes	No
File Upload (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
File Upload (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Cancellation Submission

	Yes	No
Manual Entry (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DDIC Messaging Submission and Cancellations (approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Advice Trace

	Yes	No
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Reports Service

	Yes	No
View/download DDIC Submission Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View/download DDIC Submission Error Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View/download DDIC Settlement and Rejection Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View/download DDIC Cancellation Error Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Contact ID

3 Primary Security Contact (PSC) details
3.2 Second Primary Security Contact details

Title Mr Mrs Miss Ms

First name

Last name

Office telephone number

Mobile number (if available)

Fax number (if available)

E-mail address (This should be a personal e-mail address but can be a general e-mail address relating to your organisation)

Smart Card required? Yes No **Note:** Access to AUDDIS Reports and DDICA privileges can be allocated to existing Smart Cards.

***If yes** please complete the card holder name

****If no** please provide your contact ID

*Smart Card holder name (this name will appear on your Smart Card and should be specific to the card holder)

**Contact ID (this can be found on the front of your Smart Card)

Please complete if Smart Card issuance address is different to address provided within Section 1.1.

First line of address

Second line of address

Third line of address

City or Town

County Post code

Services and Privileges

Please cross the boxes for access to the relevant Services and Privileges

BACSTEL-IP 'A' SERVICES

Messaging Submission (*ADDACS, AWACS and AUDDIS returns)

*For a description of these services please refer to the guidance notes on page 1 of this form.

	Yes	No
Bulk file input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View / download Messaging Submission Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Return Payments Submission (*ARUDD and ARUCS)

	Yes	No
Bulk file input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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If Yes you will be able to view/collect reports using a BACS issued ID and password (BACS will advise you of these by e-mail). Please complete the memorable information, which you will need to use in order to obtain your contact ID and password.

Memorable information

Memorable information hint

AUDDIS Report

	Yes	No
DDI Voucher Report for Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No
Zero Account Advices for Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Sort code(s)

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DDICA

	Manual entry	CSV file upload
Input method	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Messaging Submission

	Yes	No
File Upload (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
File Upload (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Cancellation Submission

	Yes	No
Manual Entry (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DDIC Messaging Submission and Cancellations (approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Advice Trace

	Yes	No
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Reports Service

	Yes	No
View/download DDIC Submission Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View/download DDIC Submission Error Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View/download DDIC Settlement and Rejection Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View/download DDIC Cancellation Error Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Contact ID

Title Mr Mrs Miss Ms Other (please specify)

First name

Last name

Office telephone number

Mobile number (if available)

Fax number (if available)

E-mail address (This should be a personal e-mail address but can be a general e-mail address relating to your organisation)

Smart Card required? Yes No **Note:** Access to AUDDIS Reports and DDICA privileges can be allocated to existing Smart Cards.

***If yes** please complete the card holder name

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*Smart Card holder name (this name will appear on your Smart Card and should be specific to the card holder)

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BACSTEL-IP 'A' SERVICES

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Manual input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View / download Messaging Submission Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Input method	Manual entry	CSV file upload
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Return Payments Submission (*ARUDD and ARUCS)

	Yes	No
Bulk file input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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DDIC Messaging Submission

	Yes	No
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Manual Entry (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Cancellation Submission

	Yes	No
Manual Entry (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DDIC Messaging Submission and Cancellations (approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Advice Trace

	Yes	No
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Reports Service

	Yes	No
View/download DDIC Submission Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View/download DDIC Submission Error Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View / download Messaging Submission Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Input method	Manual entry	CSV file upload
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Return Payments Submission (*ARUDD and ARUCS)

	Yes	No
Bulk file input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual input	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do you also require a contact ID and password access to collect reports from BACS?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If Yes you will be able to view/collect reports using a BACS issued ID and password (BACS will advise you of these by e-mail). Please complete the memorable information, which you will need to use in order to obtain your contact ID and password.

Memorable information

Memorable information hint

AUDDIS Report

	Yes	No
DDI Voucher Report for Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No
Zero Account Advices for Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Sort code(s)

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DDICA

	Manual entry	CSV file upload
Input method	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Messaging Submission

	Yes	No
File Upload (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
File Upload (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Cancellation Submission

	Yes	No
Manual Entry (input)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Entry (input/approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DDIC Messaging Submission and Cancellations (approve)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Advice Trace

	Yes	No
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DDIC Reports Service

	Yes	No
View/download DDIC Submission Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View/download DDIC Submission Error Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View/download DDIC Settlement and Rejection Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View/download DDIC Cancellation Error Report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Contact ID

References to 'we' and 'us' below are references to your organisation and all undertakings made on behalf of your organisation.

References to 'You' and 'Your' below are references to Lloyds Bank plc.

- 1 We confirm that the information given is correct.
- 2 We understand it is the responsibility of our organisation to ensure that adequate controls are exercised in the preparation and submission of input data and that the sponsoring bank accepts no liability for any loss or damage arising as a result of fraudulent or negligent actions by our organisation, its servants or agents.

- 3 We confirm that we have read and will comply with the 'Lloyds Bank Suite of Bacs Services for Agency Banks Terms and Conditions' and any User Guides provided by You and/or Bacs from time to time. We agree that this application form together with such terms and conditions and such User Guides shall together comprise the contract between us and You for the Service.

This form must be signed in accordance with the Electronic Banking clause of your Bank Mandate or in accordance with a specific Electronic Banking board resolution.

Please contact us if you require a specimen Electronic Banking board resolution.

Signed for and on behalf of our organisation by

First authorised signatory

Your full name (in block capitals)

Your signature

Date

Your position

Second authorised signatory

Your full name (in block capitals)

Your signature

Date

Your position

Please send the completed form to your relationship manager.

www.lloydsbankcommercial.com

Please contact us if you would like this in Braille, large print or on audio tape.

We accept calls via Text Relay.

We may monitor or record phone calls with you in case we need to check we have carried out your instructions correctly and to help improve our quality of service.

Please remember we cannot guarantee security of messages sent by e-mail.

Lloyds Bank plc. Registered Office: 25 Gresham Street, London EC2V 7HN. Registered in England and Wales, no. 2065.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 119278.

Lloyds Holdings (Jersey) Limited has registered the business name of Lloyds Bank Commercial in Jersey and the Isle of Man and has licensed it to Lloyds Bank International Limited.

Lloyds Bank International Limited. Registered Office and principal place of business: PO Box 160, 25 New Street, St. Helier, Jersey JE4 8RG. Registered in Jersey, number 4029.

Regulated by the Jersey Financial Services Commission. We abide by the Jersey Code of Practice for Consumer Lending.

The Isle of Man branch of Lloyds Bank International Limited is licensed by the Isle of Man Financial Supervision Commission and registered with the Insurance and Pensions Authority in respect of General Business.

The Guernsey branch of Lloyds Bank International Limited is licensed to conduct banking, investment and insurance intermediary business by the Guernsey Financial Services Commission under the Banking Supervision (Bailiwick of Guernsey) Law 1994, the Protection of Investors (Bailiwick of Guernsey) Law 1987 and the Insurance Managers and Insurance Intermediaries (Bailiwick of Guernsey) Law 2002.

We aim to provide the highest level of customer service possible. If you do experience a problem, we will always seek to resolve this as quickly and efficiently as possible.

If you would like a copy of our complaint procedures, please contact your relationship manager or any of our offices. You can also find details on our website, at www.lloydsbankcommercial.com/contactus/

Relationship manager – please complete

Organisation Name. This is the group name (if part of a group). If not part of a group enter the registered company name to which the Service User Number relates. **This is mandatory.**

Grid of 30 empty boxes for Organisation Name

CRISP Customer ID (Corporate)

Grid of 8 empty boxes for CRISP Customer ID

or

BIT Party ID (Commercial and International) Located via BIT – Customer File – Profile

Grid of 8 empty boxes for BIT Party ID

Market sector

Commercial

Corporate

International



Market segment

Text box for Market segment

Market sector

England and Wales

Guernsey



Isle of Man

Jersey



I authorise the setting of limits as recorded in this application form. I confirm that I will inform Group Operations of any changes required without delay. I understand that failure to do so may result in a delay to the processing of future transmissions.

Relationship manager's name (in block capitals)

Text box for Relationship manager's name

Relationship manager's signature

Text box for Relationship manager's signature and Date

Relationship manager's location and contact number (including area dialling code)

Text box for Relationship manager's location and Telephone

Relationship manager's stamp

Text box for Relationship manager's stamp

Relationship manager's e-mail address

Grid of 30 empty boxes for Relationship manager's e-mail address

Financial Institutions – please complete

I certify that the details and signature(s) are correct.

Financial Institutions Manager's name (in block capitals)

Text box for Financial Institutions Manager's name

Financial Institutions Manager's signature

Text box for Financial Institutions Manager's signature and Date

Financial Institutions Manager's location and contact number (including area dialling code)

Text box for Financial Institutions Manager's location and Telephone

Financial Institutions Manager's stamp

Text box for Financial Institutions Manager's stamp

Financial Institutions Manager's e-mail address

Grid of 30 empty boxes for Financial Institutions Manager's e-mail address

Account Holding Branch – please complete

I confirm that the account details and signature(s) quoted are correct and in accordance with the Electronic Banking clause of the Bank Mandate.

Manager's signature

Text box for Manager's signature and Date

Branch stamp

Text box for Branch stamp

On completion please forward this form to: **Group Operations, 72 Bailey Drive, Gillingham, Kent, ME8 0LS. TNT23.**

Group Operations – please complete

BACSTEL-IP input carried out by (Full name)

Text box for BACSTEL-IP input carried out by

Date (dd/mm/yyyy)

Grid of 8 date boxes for BACSTEL-IP input carried out by

Smart Card input carried out by (Full name)

Text box for Smart Card input carried out by

Date (dd/mm/yyyy)

Grid of 8 date boxes for Smart Card input carried out by

BACSTEL-IP input checked by (Full name)

Text box for BACSTEL-IP input checked by

Date (dd/mm/yyyy)

Grid of 8 date boxes for BACSTEL-IP input checked by

Smart Card input checked by (Full name)

Text box for Smart Card input checked by

Date (dd/mm/yyyy)

Grid of 8 date boxes for Smart Card input checked by