

# Digital Identity Service Smart Card Renewal

Please complete and return this form by first class post to your Relationship Manager.

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

## 1 Service User details

Service User Number

Service User Name

Bank account details:

Sort code

Account number

Account Name

## 2 Details of expiring card

Contact's first name (maximum 14 characters)

Contact's surname (maximum 14 characters)

Contact ID (maximum 20 characters)

Company/Organisation name (maximum 30 characters)

Please complete Smart Card issuance address (the Smart Card must be delivered directly to the named card holder).

First line of address

Second line of address

Third line of address

City or Town

County

Post code

Contact e-mail address (maximum 30 characters)

## 3 Applicant sign off

I wish to continue using the Digital Identity Service on behalf of the company/organisation in compliance with the prevailing terms and conditions at:  
[www.lloydsbankcommercial.com/corporate-terms/lloydsbank/pki-agreement](http://www.lloydsbankcommercial.com/corporate-terms/lloydsbank/pki-agreement)

### Data Protection Notice

- Who we are** – This personal information will be held by Lloyds Bank plc which is part of the Lloyds Banking Group. More information on the Group can be found at <http://www.lloydsbankinggroup.com/our-group/>
- How we share your information with Group companies** – Your personal information may be shared within Lloyds Banking Group to enable us to better understand your business needs, run your accounts, and provide products in the efficient way that you expect.

- Your consent to process your information** – To understand how the personal information you give may be used, we strongly advise that you read our Privacy Statement, which you can find at: <https://www.lloydsbankcommercial.com/privacy-statement/>  
By signing this application you agree to your personal and your business information being used in the ways we describe.

### Applicant signature

Date

[www.lloydsbankcommercial.com](http://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 the quality of our service.

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.

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

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](http://www.lloydsbankcommercial.com/contactus).

- 1 We confirm that the information given is correct.
- 2 In the event that charges are applicable for the use of Digital Identity Services, we authorise our account holding bank to debit our account.
- 3 We confirm that We have read and will comply with the Customer PKI Agreement and any other contractual documentation forming the agreement between You and Us; 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, any other such contractual documentation; and such user guides shall together comprise the contract between Us and You for the Digital Identity 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 your Relationship Manager if you require a specimen Electronic Banking board resolution.

I authorise the above applicant to act on behalf of the previously noted Company/Organisation in Section 2.

Bank Mandate signature



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Title    Mr            Mrs            Miss          Ms            Other (please specify)

                                                  

First name

Last name

I authorise the above applicant to act on behalf of the previously noted Company/Organisation in Section 2.

Bank Mandate signature



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Title    Mr            Mrs            Miss          Ms            Other (please specify)

                                                  

First name

Last name

For Agency Bank use only

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.

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

Relationship Manager's name (in block capitals)

Relationship Manager's location

Relationship Manager's signature



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Relationship Manager's stamp

Relationship Manager's phone number and area dialling code

Relationship Manager's e-mail address

On completion please forward this form to:

Financial Institutions  
 Lloyds Bank plc  
 10 Gresham Street  
 London  
 EC2V 7AE

**Financial Institutions – please complete**

I confirm that I will inform Group Operations of any changes required without delay.

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

Financial Institutions Manager's name (in block capitals)

Financial Institutions Manager's signature

Date

Financial Institutions Manager's phone number and area dialling code

Financial Institutions Manager's location

Financial Institutions Manager's stamp

Relationship Manager's e-mail address

Customer signed Section 3 to agree to PKI terms and conditions?

Yes

No