

Cardholder amendment

LLOYDS BANK



For Lloyds Bank Corporate Charge Card/Purchasing Card
Corporate MultiPay (programme administrator use only)

Useful information

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

Once completed please send to **Lloyds Bank plc, PO Box 6061, Milton Keynes, MK7 8LE.**

1 Type of card

Which type of card do you have? Corporate Charge Purchasing Corporate MultiPay

2 Amendment to cardholder details

Cardholder account number

Existing details

Title Mr Mrs Miss Ms Other (please specify)

Cardholder's full name

Contact numbers and area dialling codes

Home

Work

Fax

Mobile

E-mail address

Staff number

New details

Title Mr Mrs Miss Ms Other (please specify)

Cardholder's full name

Contact numbers and area dialling codes

Home

Work

Fax

Mobile

E-mail address

Address (for correspondence)

Postcode

If you have changed your name, is a new card required? Yes No

New name to appear on card (maximum of 21 characters including title and spaces)

Cash withdrawals (if allowed under scheme restrictions) Yes No Monthly cardholder limit (please leave blank if no change is required) Single transaction limit (please leave blank if no change is required)

3

Cancellation of existing cardholders

Please cross to confirm card destruction for all cards.

Please ensure that any recurring transactions relating to these cardholders' cards are cancelled.

Full name of cardholder	Cardholder account number	Card destruction confirmed
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

4

Your agreement with us

I/We confirm the details provided on this form are true and correct, and, I/We authorise the amendment of the cardholder details in accordance with this form.

This form **must be** signed by a programme administrator.

Company number

For and on behalf of (Business name)

Authorised programme administrator signature

Date

Print name

Contact number including area dialling code

www.lloydsbankcommercial.com

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

If you have a hearing or speech impairment you can use the Next Generation Text (NGT) Service (previously Text Relay/Typetalk).

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. Telephone: 0207 626 1500.

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

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.