

# Cardholder/Account Holder Amendment

For Lloyds Bank Corporate Cards (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 account

Which type of card account do you have?	Corporate Charge	<input type="checkbox"/>	Purchasing	<input type="checkbox"/>	Corporate MultiPay	<input type="checkbox"/>
	Business Travel Solution	<input type="checkbox"/>	ePay Virtual	<input type="checkbox"/>	ePayables	<input type="checkbox"/>

## 2 Amendment to cardholder or account holder details

Cardholder account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Existing details

Title	Mr	Mrs	Miss	Ms	Other (please specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Cardholder's or account holder's full name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Contact numbers and area dialling codes

Home	<input type="text"/>
Work	<input type="text"/>
Mobile	<input type="text"/>

E-mail address

Staff number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### New details

Title	Mr	Mrs	Miss	Ms	Other (please specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Cardholder's or account holder's full name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Contact numbers and area dialling codes

Home	<input type="text"/>
Work	<input type="text"/>
Mobile	<input type="text"/>

E-mail address

Address (for correspondence)

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

If you have changed your name, is a new card required?

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Cash withdrawals

(if permitted under your internal guidelines)

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

Single transaction limit (please leave blank if no change is required)

£	<input type="text"/>
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Please cross to confirm card destruction for any physical cards.

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

Full name of cardholder or account holder	Card or 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"/>

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](http://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 Relay UK. More information on the Relay UK Service can be found at: [relayuk.bt.com](http://relayuk.bt.com)  
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.

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

We adhere to The Standards of Lending Practice which are monitored and enforced by the LSB: [www.lendingstandardsboard.org.uk](http://www.lendingstandardsboard.org.uk)  
Please note not all business customers will be covered.

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).