

# Programme/Nominated Travel Administrator form

For Corporate Cards

LLOYDS BANK



## Useful information

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

For changes to existing administrator's details, see overleaf.

\* Fields marked with an asterisk must be completed.

References to "I" / "we" / "our" or "the Business" in Sections 1 to 6 are the Business named below and (as the context requires) to the Business and financial and other affairs of Business.

Once completed please send to:

Lloyds Bank Card Services, PO Box 6061, Milton Keynes, MK7 8LE.

## 1 Business and programme details

Business name \*

Company/Programme number \*

## 2 Removal of current programme/nominated travel administrator(s)

Complete this section if you are removing a current programme/nominated travel administrator.

If a programme/nominated travel administrator being removed received correspondence and bulk cards please tell us the new programme/nominated travel administrator name and address in Section 3.

Changes will be effective within 7/10 days of the date of this form.

If you have multiple programmes that will need change, please complete Section 5 of this form.

Programme/nominated travel administrator(s) to be removed.

Full name \*

Full name \*

## 3 New programme/nominated travel administrator details

Complete this section if you are adding a new programme/nominated travel administrator.

Title, name and position \*

Business contact numbers and area dialling codes

Telephone \*

Mobile

E-mail address\*

If you have multiple programmes that will need change, please complete Section 5 of this form.

Date of birth \*

Password (for security purposes) \*

Specimen signature \*

Date \*

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Changes to personal details for an existing programme/nominated travel administrator

Only complete this section if an existing programme/nominated travel administrator's details have changed.

If you have multiple programmes that will need change, please complete Section 5 of this form.

Existing details

Title, name and position \*

Text input field for title, name and position.

Business contact numbers and area dialling codes

Telephone \*

Text input field for telephone number.

Mobile

Text input field for mobile number.

E-mail address \*

Text input field for e-mail address.

Password (for security purposes) \*

Text input field for password.

Date of birth \*

Date of birth input field with DDMMYYYY format.

Specimen signature \*

Text input field for specimen signature.

Date \*

Text input field for date.

New details

Title, name and position \*

Text input field for title, name and position.

Business contact numbers and area dialling codes

Telephone \*

Text input field for telephone number.

Mobile

Text input field for mobile number.

E-mail address \*

Text input field for e-mail address.

Password (for security purposes) \*

Text input field for password.

Date of birth \*

Date of birth input field with DDMMYYYY format.

Specimen signature \*

Text input field for specimen signature.

Date \*

Text input field for date.

5

Changes to multiple programmes

If you have multiple programmes that will need change, please complete this section with changes required and the team will action using the main details supplied.

Business name

Table with 10 rows for business name input.

Company/Programme number

Table with 10 rows for company/programme number input.

Business name

Company/Programme number


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

This form may be signed by an existing Programme/Travel Administrator and the completed form returned to [LloydsCorpCards@tsysmsema.com](mailto:LloydsCorpCards@tsysmsema.com) or to the address on page 1 of this form.

If an existing Programme/Travel Administrator is not able to sign, it must be signed in accordance with your existing Bank mandate or a Resolution and the completed form should be sent to your Relationship Manager.

For and on behalf of (Business name) \*

Your signature(s) \*

Date \*

Please send completed form to Lloyds Bank Card Services at the address on page 1 of this form or to your Relationship Manager, where the form has been signed in accordance with your existing Bank mandate or a Resolution.

### For bank use only

I confirm the form has been signed in accordance with the Bank Mandate.

Your signature

Date

Name of Relationship Manager

Relationship Manager email address

Relationship Manager contact number