

Programme/Nominated Travel Administrator form

For Corporate Cards



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 5 are the Business named below and (as the context requires) to the Business and financial and other affairs of that 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 number*

Address for correspondence/Bulk card mailing address
(only required if address has changed)

C/O

Postcode

New address effective from:

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.

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*

Date of birth*

Password (for security purposes)*

Specimen signature*

Date*

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

Existing details

Title, name and position*

Business contact numbers and area dialling codes

Telephone*

Mobile

E-mail address*

Password (for security purposes)*

Date of birth*

Specimen signature*

Date*

New details

Title, name and position*

Business contact numbers and area dialling codes

Telephone*

Mobile

E-mail address*

Password (for security purposes)*

Date of birth*

Specimen signature*

Date*

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. 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.

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

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

We adhere to the Standards of Lending Practice, which are monitored and enforced by the LSB: www.lendingstandardsboard.org.uk
Please note not all business customers will be covered.

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