

Combined enquiry and consent



Private and confidential

1 Third Party Details

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| <p>Contact name</p> <input type="text"/> <p>Company name</p> <input type="text"/> <p>Daytime contact number and dialling code</p> <p>Telephone <input type="text"/></p> | <p>Address (where response will be sent)</p> <input type="text"/> <input type="text"/> <p style="text-align: right;">Postcode</p> <input type="text"/> <p>Date of request</p> <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> |
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2 Details of the subject of the enquiry

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|--|----------------------|----------------------|----------------------|--|
| <p>I/We request your opinion as to the means and standing of:</p> <p>Account name</p> <input type="text"/> <input type="text"/> <p>Sort code and Account number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="text"/></td> <td style="width: 33%;"><input type="text"/></td> <td style="width: 33%;"><input type="text"/></td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <p>Purpose (nature of commitment e.g. rent, lease, credit limit etc)</p> <input type="text"/> <input type="text"/> <p>Amount of payments</p> <p>£ <input type="text"/></p> <p>Frequency of payments</p> <input type="text"/> <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

3 How do you wish to pay for the enquiry?

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| <p>I/We enclose a cheque for the payment of your fee</p> <input type="checkbox"/> | <p>Debit Bank of Scotland customer account (quoted in Section 2)</p> <input type="checkbox"/> |
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4 Bank of Scotland customer's consent

To be completed by the customer named in Section 2 and signed in accordance with their bank mandate held by the bank.

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| <p>I consent to my bank providing a reference on me to the person/company named in Section 1. I also consent to the charge being debited from our account (if applicable, see Section 3).</p> <p>Full name</p> <input type="text"/> <p>Signature</p> <input type="text"/> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/></p> | <p>I consent to my bank providing a reference on me to the person/company named in Section 1. I also consent to the charge being debited from our account (if applicable, see Section 3).</p> <p>Full name</p> <input type="text"/> <p>Signature</p> <input type="text"/> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/></p> |
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Please return completed form to: Lloyds Banking Group, 3rd Floor, Citymark, Edinburgh, EH3 9PE.

Please contact us if you would like this information in an alternative format such as Braille, large print or audio.