

# Change a business address and/or contact details

For Commercial Clients

**Before you begin:** It's best to save this form to your computer and open it using Adobe Acrobat Reader. Doing this will allow you to fill in the PDF and upload signatures. You can get the latest version of Adobe Acrobat Reader by visiting <https://get.adobe.com/reader/>

## Guidance notes

- This form is enabled for completion through an online PDF which will help us to give you the fastest service, although it is still possible to print it if required. You can save the form at any time using the toolbar at the top of the screen.
- Fields marked with an \* are mandatory and must be completed in order to complete your application.
- Following completion of all the fields, an image of your signature can be uploaded to the form in the signatories section. This removes any need to print the form.
- Once the form is completed and signed, options are available to return the form via email (you can find contact details at the bottom of the form).

## 1 About you

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

Full name of business \*

Please provide details of your **main** business account:

Branch sort code \*







Account number \*











## 2 Business contact changes

Would you like to update your primary business contact, telephone number or email address? \*

Yes

No

**If yes** please complete Section 2.1.

**If no** please go to Section 3.

### 2.1 New contact details (if applicable)

#### Please note:

The primary business contact must be a **full power** signatory on the account.

Title Mr Mrs Miss Ms Other (please specify)






Your first name(s)

Your last name

New primary business contact telephone number (this **must** include UK area dialling code if it's a landline or the area code, if overseas)

New primary business email address

## 3 Business address changes

Would you like to update your business address? \*

Yes

No

**If yes** please complete Sections 3.1 to 3.3 (if applicable).

**If no** please go to Section 4.

**Please note:** you can add up to **three** new addresses.

### 3.1 First new business address details (if applicable)

Which address would you like to change? (please cross **all** that apply)

**Mailing address**  
(The default address that all mail will be sent to)

**Trading/business address**  
(Where your day to day business activities take place)

**Registered address**  
(This must match the address held at Companies House)

New address (include building name if applicable)



Post code or Zip Code





**7 Your authorisation (for changes to your business details)**

**7.1 Approver declaration**

Please read the guidance note carefully before you sign this printable form, in order to help us complete your request quickly. If you are unsure who can sign this form, please contact your Relationship Team. Alternatively please call our friendly advisors on **0345 601 5585**. We're open Monday to Friday, 7am-8pm or Saturday, 9am-2pm (except UK bank holidays).

**Who should sign?**

- This form must be signed by Full Power signatories named on your mandate. The number of signatories who need to sign is set out on your mandate signing instructions.

By signing you confirm that information given in this form is accurate.

**7.2 Approvers signatures**

There are **two** ways to add signatures to the form:

- 1 Upload an image of your signature
- 2 Print and sign with a pen.

**To upload an image:**

- Save the form to your device
- Open the form in **Adobe Acrobat Reader**
- Select the signature field to upload your image.

We strongly recommend you send the form to any other approvers and/or people who've been added to sign first.

Once you're satisfied, please sign and return the form to us (see details below).

First authoriser's name \*

First authoriser's signature \*

Second authoriser's name (if required)

Second authoriser's signature (if required)

Third authoriser's name (if required)

Third authoriser's signature (if required)

Fourth authoriser's name (if required)

Fourth authoriser's signature (if required)

Once completed and signed:

- Email the form to: **CommercialClientServicingSME@lloydsbanking.com**  
OR
- Post the form to: **Commercial Servicing, Edinburgh, EH11 4DT**

Date this change is effective from \*

**For bank use only**

Staff member's name (in capitals)

Is the customer present?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Has the customer's signature been confirmed?	<input type="checkbox"/>	<input type="checkbox"/>
Have the customer's signing rules been confirmed?	<input type="checkbox"/>	<input type="checkbox"/>
Has the SMDU been updated (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>

When completed, please stamp below and send to the processing site on the day of receipt - always use the signpost tool

(Branch stamp with today's date)