

# Appendix to your Authority/Instruction to vary your Authority

## Guidance notes

This Appendix gives the business/organisation named below (you) space to provide additional information if you can't fit it all on your Authority or your Instruction to vary your Authority (we call this your "Variation" throughout this Appendix). This form must be attached to your Authority or your Variation (as applicable).

The Appendix has six sections:

- **Section 1** gives details about the business/organisation.
- **Section 2** lets us know if you have used other Appendices.

- **Section 3** gives you space to add further signatories to your Authority.
- **Section 4** gives you space to add further signatories to your Variation.



**Important:** Only one of section 3 or section 4 should be completed.

- **Section 5** contains key information and the declarations you are making by signing the Appendix.
- **Section 6** tells you how you can return the form to us.

Please fill in all of the sections below which are relevant to you in block capitals.

## 1 Business/organisation details

Is your business/organisation an existing customer?

Yes  No

If **yes**, please provide the business or organisation's sort code and account number

Sort code

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"/>
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Name of business/organisation

## 2 Additional appendices

Please tick to say whether this is the only additional Appendix form you have used.


Yes  No

If you ticked **no**, how many other Appendix forms have you used?

### 3 Additional signatories for your Authority

Only complete this section when the Appendix is being used in addition to the "Your Authority to operate Account(s)" form.

You authorise the people listed in this section to act on behalf of your business/organisation. Instructions given to us by the people you authorise below will be binding, as long as they are in line with the powers that type of signatory has and any signing rules you set below.

 **Important:** Each person listed below as either a Full or Limited Signatory, along with any other relevant individuals in the business (e.g. Shareholder, Beneficial Owner, Partner, Director) that will NOT be a signatory, must fully complete a "Your Key People" form.

#### 3.1 Additional Full Signatories - Names

You choose the following people to be your additional Full Signatories:

First additional Full Signatory name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Second additional Full Signatory name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Third additional Full Signatory name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fourth additional Full Signatory name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fifth additional Full Signatory name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>


Sixth additional Full Signatory name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Seventh additional Full Signatory name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Eighth additional Full Signatory name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Ninth additional Full Signatory name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tenth additional Full Signatory name	Position	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>


 **Important:** In some circumstances (e.g. where you give us instructions in writing), we will use these example signatures to check who is contacting us and confirm whether they are authorised to give us instructions.

### 3 Additional signatories for your Authority

continued

Only complete this section when the Appendix is being used in addition to the "Your Authority to operate Account(s)" form.


You authorise the people listed in this section to act on behalf of your business/organisation. Instructions given to us by the people you authorise below will be binding, as long as they are in line with the powers that type of signatory has and any signing rules you set below.

 **Important:** Each person listed below as either a Full or Limited Signatory, along with any other relevant individuals in the business (e.g. Shareholder, Beneficial Owner, Partner, Director) that will NOT be a signatory, must fully complete a "Your Key People" form.

#### 3.2 Additional Limited Signatories - Names

You choose the following people to be your additional Limited Signatories:

First additional Limited Signatory name	Position	Signature
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Second additional Limited Signatory name	Position	Signature
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Third additional Limited Signatory name	Position	Signature
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Fourth additional Limited Signatory name	Position	Signature
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Fifth additional Limited Signatory name	Position	Signature
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Sixth additional Limited Signatory name	Position	Signature
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Seventh additional Limited Signatory name	Position	Signature
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Eighth additional Limited Signatory name	Position	Signature
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Ninth additional Limited Signatory name	Position	Signature
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Tenth additional Limited Signatory name	Position	Signature
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

 **Important:** In some circumstances (e.g. where you give us instructions in writing), we will use these example signatures to check who is contacting us and confirm whether they are authorised to give us instructions.

## 4 Additional signatories for your Variation

Only complete this section when the Appendix is being used in addition to the "Your instruction to Vary your Authority" form.

You authorise the people listed in this section to act on behalf of your business/organisation. Instructions given to us by the people you authorise below will be binding, as long as they are in line with the powers that type of signatory has and any signing rules you set below.

**Important:** Each person listed below as either a Full or Limited Signatory, along with any other relevant individuals in the business (e.g. Shareholder, Beneficial Owner, Partner, Director) that will NOT be a signatory, must fully complete a "Your Key People" form.

### First addition

Full name of person you want to add

Role in the Business/Organisation

Will the person you are adding be a Beneficial Owner/Shareholder? Yes  No

If **yes**, percentage of ownership  %

What level of signing authority should the new person you're adding be given? Full  Limited  None

Will the person you're adding require internet banking access? Yes  No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will the person you're adding require a Business Debit Card? Yes  No

### Third addition

Full name of person you want to add

Role in the Business/Organisation

Will the person you are adding be a Beneficial Owner/Shareholder? Yes  No

If **yes**, percentage of ownership  %

What level of signing authority should the new person you're adding be given? Full  Limited  None

Will the person you're adding require internet banking access? Yes  No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will the person you're adding require a Business Debit Card? Yes  No

### Second addition

Full name of person you want to add

Role in the Business/Organisation

Will the person you are adding be a Beneficial Owner/Shareholder? Yes  No

If **yes**, percentage of ownership  %

What level of signing authority should the new person you're adding be given? Full  Limited  None

Will the person you're adding require internet banking access? Yes  No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will the person you're adding require a Business Debit Card? Yes  No

### Fourth addition

Full name of person you want to add

Role in the Business/Organisation

Will the person you are adding be a Beneficial Owner/Shareholder? Yes  No

If **yes**, percentage of ownership  %

What level of signing authority should the new person you're adding be given? Full  Limited  None

Will the person you're adding require internet banking access? Yes  No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will the person you're adding require a Business Debit Card? Yes  No

#### 4 Additional signatories for your Variation

continued

##### Fifth addition

Full name of person you want to add

Role in the Business/Organisation

Will the person you are adding be a Beneficial Owner/Shareholder?

Yes  No

If **yes**, percentage of ownership

%

What level of signing authority should the new person you're adding be given?

Full  Limited  None

Will the person you're adding require internet banking access?

Yes  No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will the person you're adding require a Business Debit Card? Yes  No

##### Seventh addition

Full name of person you want to add

Role in the Business/Organisation

Will the person you are adding be a Beneficial Owner/Shareholder?

Yes  No

If **yes**, percentage of ownership

%

What level of signing authority should the new person you're adding be given?

Full  Limited  None

Will the person you're adding require internet banking access?

Yes  No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will the person you're adding require a Business Debit Card? Yes  No

##### Sixth addition

Full name of person you want to add

Role in the Business/Organisation

Will the person you are adding be a Beneficial Owner/Shareholder?

Yes  No

If **yes**, percentage of ownership

%

What level of signing authority should the new person you're adding be given?

Full  Limited  None

Will the person you're adding require internet banking access?

Yes  No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will the person you're adding require a Business Debit Card? Yes  No

##### Eighth addition

Full name of person you want to add

Role in the Business/Organisation

Will the person you are adding be a Beneficial Owner/Shareholder?

Yes  No

If **yes**, percentage of ownership

%

What level of signing authority should the new person you're adding be given?

Full  Limited  None

Will the person you're adding require internet banking access?

Yes  No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will the person you're adding require a Business Debit Card? Yes  No

## 5 Declaration of your signatories



**Important:** Please make sure that this section is signed by one of the **Full Signatories** that have signed the Authority or Variation Declaration.

This form accepts the insertion of Adobe signatures. If your PDF reader does not support Adobe signatures, please use the draw tool or equivalent to enter your signature in the signature field.

### First signatory

Full name of individual filling in the Authority or Variation

Signature

Date

/ /

## 6 Returning this form

Please ensure this form is included with the relevant Authority or Variation form when returning to us.

Please make sure all relevant individuals complete their "Your Key People" form.

Once we receive it, we'll contact you about the status of the Authority/Variation using any of the contact details you have given to us on that form.

To help protect you and keep you safe online, please only send what is required and check you have the correct email address to which you are sending details.