****** BANK OF SCOTLAND

Change a business address and/or contact details

For Commercial Corporate 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.			nt it if required.		lds, an image of your signature can be ories section. This removes any need to
• Fields marked with an * are mandatory and must be completed in order to complete your application.			ted in order to		igned, options are available to return the ct details at the bottom of the form).
1	About you				
Please w	write clearly in the white spaces w	ith capital letters or cros	s the boxes.	Please provide details of your main bus	iness account:
Full name of business *				Branch sort code *	Account number *
2	Business contact changes	;			
	ou like to update your primary b telephone number or email add		Yes No	If yes please complete Section 2.1.	
contact,	telephone number of email add			If no please go to Section 3.	
2.1	New contact details (if ap	plicable)			
Please note: The primary business contact must be a full power signatory on the account.			signatory on	New primary business contact telephone number (this must include UK area dialling code if it's a landline or the area code, if overseas)	
Title	Mr Mrs Miss Ms	Other (please specify)		New primary business email address	
Your firs	t name(s)				
Your last	t name				
			_		
3	Business address changes	5			
Would y	rou like to update your business a	address? *	Yes No	If yes please complete Sections 3.1 to 3 If no please go to Section 4. Please note: you can add up to three n	
3.1	First new business addres	s details (if applicab	le)		
like to cl	ddress would you hange? cross all that apply)	Mailing address (The default address th all mail will be sent to)	at	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			

3	Business address changes continue					
3.2	Second new business address details (if applicable)					
like to cl	ddress would you hange? 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				
3.3	Third new business addre	ess details (if applicable)				
like to cl	ddress would you hange? 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 ad	dress (include building name if a	pplicable)				
		Post code or Zip Code				
Please note: this change applies to all Bank of Scotland accounts, products or services operating under this Business Name, with the exception of Asset Finance or Invoice Finance holdings.						
			contact details, please provide your reference			
Your Asset Finance Agreement number (if applicable)		Your Invoice Finance Client number (if applicable)				
Please note: If you hold more than one Asset Finance Agreement number or Invoice Finance Client number, you only need to provide one and we will use this to locate others you hold with us.						
4	Statement address chang	es (if different from Business ma	iling)			
Only complete this section if you wish for your statements to be sent to a different address for specific accounts. Any accounts not listed here will go to your mailing address.						
	rou like your business account st to an address different to your m		If yes please complete Sections 4.1 and If no please go to Section 5 (all corresp			
4.1 New business statement address (if applicable)						
New bu	business correspondence address for statements Please provide details of which account(s) you would like this bus correspondence address to be recorded on:		-			
			Branch sort code	Account number		
Post code or Zip Code						

4	Statement address changes (if different from Business mailing) continued			
4.2	Additional details/statement addresses (if applicable)			
	ed to update the statement address for any other accounts please pr tional addresses	ovide details below of the specific accounts and account details to be changed, and		
5	Keep me informed			
you for f We will a Please r	uld you like to be contacted in case we need to contact SN urther information? email tex also keep you updated about your request. Note: We will not retain these contact details and they will only be use purpose of this form.	t Your email address		
6	Personal address changes			
(Please t	ur personal address also need to change? * Yes No ell us if your personal address has changed sss of whether you have a personal account with us)	If yes please complete Sections 6.1 and 6.2. If no please go to Section 7.		
6.1	About you (if applicable)			
	Mr Mrs Miss Ms Other (please specify) t name(s)	Your date of birth DDMMYYYYY		
6.2	New residential address and contact details (if applicabl	e)		
New res	idential address details (include house name if applicable)	New personal home telephone number (this must include UK area dialling code or area code, if overseas)		
	Post code or Zip Code	New personal mobile number (including area code, if overseas)		
Owner – no morte		New personal email address th		

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).		• This form must be signed by Full Power signatories named on your mandate.	
7.2	Approvers signatures		
1 Up 2 Pri To uplo Sat • Op	re two ways to add signatures to the form: bload an image of your signature nt and sign with a pen. ad an image: we the form to your device ben the form in Adobe Acrobat Reader lect 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 aut	horiser's name *	Second authoriser's name (if required)	
First au	thoriser's signature *	Second authoriser's signature (if required)	
Third au	thoriser's name (if required)	Fourth authoriser's name (if required)	
Third au	uthoriser's signature (if required)	Fourth authoriser's signature (if required)	
Oncolo	completed and signed:	Date this change is effective from *	
• En	nail the form to: mail the form to: mmercialclientservicing@lloydsbanking.com	D D M M Y Y Y Y	
01 • Po	R ist the form to: Commercial Servicing, Edinburgh, EH11	4DT	
	······································		
	ank use only mber's name (in capitals)	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)	
Is the cu	istomer present? Yes	No	
Has the	customer's signature been confirmed?		
Have the	e customer's signing rules been confirmed?		
Has the	SMDU been updated (if applicable)?		

Bank of Scotland plc, Registered in Scotland SC327000. Registered Office: The Mound, Edinburgh EH1 1YZ. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 169628.