

Change a business address and/or contact details

For Business Banking customers

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 		Following completion of all the fields, an image of your signature can be uploaded to the form in the signatories section.			
	mplete your application.	tory and must be completed in order to			
1	About you				
Please v	write clearly in the white spaces w	rith capital letters or cross the boxes.	Please provide details of your main business account:		
Full nan	ne of business *		Branch sort code *	Account number *	
2	Business contact changes				
	you like to update your primary b , telephone number or email add		If yes please complete Section 2.1. 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.		New primary contact numbers (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)	Telephone		
			Fax		
Your firs	st name(s)				
			New primary business email address		
Your las	it name				
3	Business address changes	•			
	-			200 - 10 - 11 2	
Would	you like to update your business a	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 no		
3.1	First new address details	(if applicable)			
like to c	address 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			



3	Business address change	S				continued
3.2	Second new address deta	ils (if applicable)				
like to c	address would you hange? cross all that apply)	Mailing address (The default address that all mail will be sent to)	Trading/busin (Where your d business activi			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				
3.3	Third new address details	s (if applicable)				
like to c	address would you hange? cross all that apply)	Mailing address (The default address that all mail will be sent to)	Trading/busin (Where your d business activi			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				
		1 dat code of Elp code				
If you have a Ba		y Accounts			e will inform	n them of your new details:
4	Keep me informed					
provide This info	a valid mobile number, title and		Title Mr Your first name	Mrs Miss	Ms	Other (please specify)
Your mo	obile phone number (UK only)		Your last name	9		

5	Your authorisation (for changes to your business details)				
5.1	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 300 0268 . 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. 			
5.2	Approvers signatures				
 Up Prir Up Sav Op 	e two ways to add signatures to the form: load an image of your signature nt and sign with a pen. ad an image: we the form to your device then the form in Adobe Acrobat Reader ect 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 auth	noriser's name *	Second authoriser's name (if required)			
First aut	horiser's signature *	Second authoriser's signature (if required)			
Third aut	thoriser's name (if required)	Fourth authoriser's name (if required)			

Fourth authoriser's signature (if required)

Third authoriser's signature (if required)

Date this change is effective from: *

C Devenuel address shapped			
6 Personal address changes			
Does your personal address also need to change? *	Yes No	If yes please complete the rest of the form.	
(Please tell us if your personal address has changed regardless of whether you have a personal account with us)		If no please return the partially completed (Sections 1 to 6) for	m to us.
G.1 About you			
6.1 About you			
Do you have a personal account with Bank of Scotland?	Yes No	Do you hold any joint accounts?	Yes No
If yes please complete this section.		If yes please confirm that the joint party is moving with	Yes No
If no please go to Section 6.2.		you and would like their address updated on their joint and sole accounts.	X
Your name (as on your personal account)		If yes please ensure the additional signature of the joint party Section 8.	s captured in
Your branch sort code Your account number	r	If no we will change your address only.	
		Joint accounts only:	
Previous house number/name		Full name of joint customer (as on your personal account)	
Previous postcode Your date of birth		Date of birth D D M M Y Y Y Y	
D D M M Y Y Y Y			
6.2 Your new residential address and personal co	ontact details		
New residential address details (include house name if applical	ole)	New personal home telephone number (this must include UK area dialling code or area code, if overse	as)
Post code or Zip Code		New personal mobile number (including area code, if overseas	5)
What is your new residential status?			
	10.0	New personal email address	
Owner - Owner - Local authority Private no mortgage with mortgage tenant tenant	Living with parents		
Other (please specify)			
Carte (present)			
7 Your personal statement address			
Would you like you personal account statements to be posted	Yes No	If yes please complete Section 7.1.	
to an address different to your residential mailing address?*		If no please go to Section 8 (all correspondence will go the permailing address).	rsonal
7.1 Your new personal statement address			
Only complete this section if you wish for your statements a chequebooks to be sent to an address different to your resi		Please provide details of which account(s) you would like this caddress to be recorded on:	orrespondence
New personal correspondence address for statements		Branch sort code Account number	
Post code or Zip Code			+
			$\perp \perp \perp \perp$

8 Your authorisation (for changes to your personal details)			
I confirm that the information given is correct. Your name	Would you like confirmation of your change of address? Yes No		
Your signature	If yes how would you like to be contacted? Letter SMS		
	Please note:		
	If you have accounts, or other products or services with one or more of the following parts of the Lloyds Banking Group**, we will inform them of your new details:		
	Bank of Scotland Business Credit Cards		
Name of additional signatory (if required by your signing instructions held with	Bank of Scotland Insurance*		
the bank ***)	Bank of Scotland Private Banking		
	Scottish Widows		
Signature	If they need any further information, they will contact you directly.		
	If Bank of Scotland Insurance has arranged a policy for you through a separate insurance company you will still need to contact that company directly, as your failure to do so could affect your insurance cover.		
	** If you have a Bank of Scotland Car Finance product (Fixed Car Finance or Flex Car Finance) please contact 0333 202 7946 or sign in to www.mycarfinance.com to update your address details.		
Date this change is effective from: D D M M Y Y Y	*** This additional signature is only mandatory if you are moving the joint party address/sole accounts.		

Please return completed form to: Bank of Scotland, Business Banking, PO Box 1984, Andover, SP10 9GZ

For bank use only Staff member'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 customer present?	Yes No	
Has the customer's signature been confirmed?	$\times \times$	
Have the customer's signing rules been confirmed?	$\times \times$	
Has the SMDU been updated (if applicable)?	\times	