

## 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				
<ul> <li>This form is enabled for completion through an online PD to give you the fastest service, although it is still possible t You can save the form at any time using the toolbar at the</li> <li>Fields marked with an * are mandatory and must be concomplete your application.</li> </ul>		etion of all the fields, an image form in the signatories section.	of your signature can be	
1 About you				
Please write clearly in the white spaces with capital letters or Full name of business *	Please provide details of your <b>main</b> 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	<b>If yes</b> please complete <b>If no</b> please go to Sec		
2.1 New contact details (if applicable)				
Please note: The primary business contact must be a full power signatory Title Mr Mrs Miss Ms Other (please special sp	ify)	landline or the area con Telephone  Mobile  Fax  New primary business	email address	
Would you like to update your business address? *	Yes No	<b>If no</b> please go to Sec	e Sections 3.1 to 3.3 (if applicablion 4. add up to <b>three</b> new addresses	
3.1 First new address details (if applicable)				
Which address would you like to change? (please cross <b>all</b> th	nat apply)			
Mailing address (The default address that all mail will be sent to)  Trading/business addre (Where your day to day business activities take p	(This mus	ed address t match the address ompanies House)	Solicitor's address (The address of your solicitor)	Accountant address (The address of your accountant)
New address (include building name if applicable)  Post code or Zip Code	de			

3	Business address changes continue				continued			
3.2	Second new address	details (if applicable)						
Which a	ddress would you like to c	hange? (please cross <b>all</b> that apply)						
(The de	address fault address that will be sent to)	Trading/business address (Where your day to day business activities take place)	(This must	d address match the addr mpanies House	ess	Solicitor's add (The address of your solicitor		Accountant address (The address of your accountant)
New ad	dress (include building nar	me if applicable)						
		Post code or Zip Code						
3.3	Third new address d	etails (if applicable)						
Which a	ddress would you like to c	hange? (please cross <b>all</b> that apply)						
(The de	address fault address that will be sent to)	<b>Trading/business address</b> (Where your day to day business activities take place)	(This must	<b>d address</b> match the addr mpanies House	ress	Solicitor's add (The address of your solicitor		Accountant address (The address of your accountant)
New ad	dress (include building nar	me if applicable)  Post code or Zip Code						
Please	note: these changes applie	es to <b>all</b> Bank of Scotland accounts o	perating und	er <b>this</b> Business	. Name			
Please note: these changes applies to all Bank of Scotland accounts operating under this Business Name.  If you have accounts, 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  Bank of Scotland Business Currency Accounts  Bank of Scotland Business Loans  All Bank of Scotland online services for Business Banking.								
4	Keep me informed							
provide This info	a valid mobile number, titl	e purposes of <b>this request only.</b>		Title Mr Your first name		Miss Ms	Other (please s	pecify)
Please I	eave this section <b>blank</b> if y	ou <b>do not</b> wish to receive SMS updat	tes.					
Your mo	obile phone number (UK or	nly)		Your last name	e			

5	Your authorisation (for changes to your business detail
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).

Date this change is effective from: \*

## 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	
<ol> <li>Up</li> <li>Print</li> <li>Up</li> <li>Sav</li> <li>Op</li> </ol>	te two ways to add signatures to the form:  load an image of your signature  at and sign with a pen.  ad an image:  te the form to your device  en 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 autl	noriser's name *	Second authoriser's name (if required)
First aut	horiser's signature *	Second authoriser's signature (if required)
Date:		Date:
Third au	choriser's name (if required)	Fourth authoriser's name (if required)
Third au	thoriser's signature (if required)	Fourth authoriser's signature (if required)
Date:		Date:

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C Developed address shanges				
6 Personal address changes				
Does your personal address also need to change? *	Yes No	<b>If yes</b> 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.	
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.		<b>If yes</b> please confirm that the joint party is moving with	Yes No	
If no please go to Section 6.2.  Your name (as on your personal account)		you and would like their address updated on their joint and sole accounts.		
Tour name (as on your <b>personal</b> accounty		<b>If yes</b> 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		Data of high		
		Date of birth  D D M M Y Y Y Y		
Your date of birth				
D D M M Y Y Y				
6.2 Your new residential address and personal co	ontact details			
New residential address details (include house name if applicat	ole)	New personal home telephone number (this <b>must</b> include UK area dialling code or area code, if overse	eas)	
		New personal mobile number (including area code, if overseas	-1	
Post code or Zip Code		New personal mobile number (including area code, it overseas	9	
What is your <b>new</b> residential status?				
Owner - Owner - Local authority Private	Living with	New personal email address		
no mortgage with mortgage tenant tenant	parents			
Other (please specify)				
7 Your personal statement address				
Would you like you <b>personal</b> account statements to be posted	Yes No	<b>If yes</b> please complete Section 7.1.		
to an address different to your <b>residential</b> mailing address?*		<b>If no</b> please go to Section 8 ( <b>all</b> correspondence will go the permailing address).	rsonal	
7.1 Your new personal statement address				
Only complete this section if you wish for your statements and chequebooks to be sent to an address different to your residential address.		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:
Date: LOCK SIGNATURE & FORM	If you have accounts, or other products or services with <b>one or more</b> 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 the bank ***)	<ul> <li>Bank of Scotland Insurance*</li> <li>Bank of Scotland Private Banking</li> <li>Scottish Widows</li> </ul>
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.
Date:    LOCK SIGNATURE & FORM	<ul> <li>** 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.</li> <li>*** This additional signature is only mandatory if you are moving the joint party address/sole accounts.</li> </ul>

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?	$\times$	
Have the customer's signing rules been confirmed?	$\times$	
Has the SMDU been updated (if applicable)?	$\times$	