

Change of Address Business Customers

Please note – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys. Please complete in BLOCK CAPITALS.

| 1. Account details | | |
|--|--|--|
| Account name | Account number | |
| Account holding branch | Sort code | |
| This amendment is to take effect immediately OR With effect from (DD/MM/YYYY) | | |
| Please amend the address for: All business accounts OR The following additional accounts | | |
| Sterling Accounts | <u>—</u> | |
| Account number Sort code | Account number Sort code Account number Sort code | |
| | | |
| Currency Accounts | | |
| Account number Sort code | Account number Sort code Account number Sort code | |
| Credit/currency charge card number(s) | | |
| Mortgage number(s) | | |
| 2. New address details – Pri | ncipal business address/trading address, including country if overseas | |
| Mailing name | | |
| Flat number | | |
| Address line 1 | | |
| Address line 2 | | |
| Address line 3 | | |
| Address line 4/OR Overseas country | | |
| Post code | | |
| 3. Mailing address for statements and correspondence including country if overseas – only complete if different from principal address in section 2. Please note regulatory mailings and Plastic Cards will always be sent to the principal address. | | |
| Mailing name | | |
| Flat number | | |
| Address line 1 | | |
| Address line 2 | | |
| Address line 3 | | |
| Address line 4/OR Overseas country | | |
| Post code [| | |

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| 4. Contact details – This in | formation will be used as the | e main contact details for the account |
|---------------------------------------|--------------------------------|--|
| Contact name: | | |
| Job title: | | |
| Telephone number: | | |
| Fax number: | | |
| Mobile number: | | |
| Email Address: | | |
| 5. Confirmation – To be sig | ned in accordance with the | Bank Account Mandate/Signing Instructions |
| Customer signature(s) | | Customer signature(s) |
| | | |
| Name (in full) | | Name (in full) |
| Date (DD/MM/YYYY) | | Date (DD/MM/YYYY) |
| | For Branch or Relat | tionship Manager Team use only |
| In all circumstances please | e complete the form in full ar | |
| | | ards, a photocopy of this form must be sent to: Centre, Southend-on-Sea, Depot code 028 |
| Is the customer relationship managed? | | Yes No No |
| I confirm the customer ho | as been identified and the s | signature matches ISV |
| Staff signature: | | |
| | | Staff name (Printed & ISV No.) |
| | | Location |
| | | Contact number |
| | | |

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