

# Mandate – Authority for Signatory Amendment



## 1 Business/Organisation details

Name of Business/Organisation		<b>Does this authority apply to all accounts of the Business/Organisation specified in Section 1?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Address of Business/Organisation		If <b>no</b> please specify which accounts this authority applies to:			
Postcode		Sort code		Account number	
Sort code		Main account number			
Contact name					
Contact telephone number		If further accounts, please continue on a separate list.			
		Further list attached?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

## 2 Existing signatory(s) to be deleted

This change requires confirmation by approved signatories in Section 4.

<b>First existing signatory to be deleted</b>	<b>Third existing signatory to be deleted</b>
Full name	Full name
Date signatory to be deleted	Date signatory to be deleted
<b>Second existing signatory to be deleted</b>	<b>Fourth existing signatory to be deleted</b>
Full name	Full name
Date signatory to be deleted	Date signatory to be deleted

3

Additional account signatory(s) - additional person(s) authorised to sign for the Business/Organisation

3.1

First additional account signatory details

Date changes effective from

DDMMYY

Title Mr Mrs Miss Ms Other title

First name(s)

Last name

Do you currently have an account with Lloyds Bank? Yes No

Sort code Account number

If no we may be required to contact you to obtain standard identification and verification documentation.

Position held

Specimen signature of person who will sign for you

This change requires confirmation by approved signatories in Section 4.

Panel/category of signatory per main mandate (if applicable)

Any other information including restrictions

3.2

Second additional account signatory details

Date changes effective from

DDMMYY

Title Mr Mrs Miss Ms Other title

First name(s)

Last name

Do you currently have an account with Lloyds Bank? Yes No

Sort code Account number

If no we may be required to contact you to obtain standard identification and verification documentation.

Position held

Specimen signature of person who will sign for you

This change requires confirmation by approved signatories in Section 4.

Panel/category of signatory per main mandate (if applicable)

Any other information including restrictions

3.3

Third additional account signatory details

Date changes effective from

DDMMYY

Title Mr Mrs Miss Ms Other title

First name(s)

Last name

Do you currently have an account with Lloyds Bank? Yes No

Sort code Account number

If no we may be required to contact you to obtain standard identification and verification documentation.

Position held

Specimen signature of person who will sign for you

This change requires confirmation by approved signatories in Section 4.

Panel/category of signatory per main mandate (if applicable)

Any other information including restrictions

Date changes effective from

D	D	M	M	Y	Y
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Title Mr Mrs Miss Ms Other title

First name(s)

Last name

Do you currently have an account with Lloyds Bank?

Yes

No

If yes please complete

Sort code

Account number

If no we may be required to contact you to obtain standard identification and verification documentation.

Position held

Specimen signature of person who will sign for you

This change requires confirmation by approved signatories in Section 4.

Panel/category of signatory per main mandate (if applicable)

Any other information including restrictions

To be signed on behalf of the Business/Organisation in accordance with your existing bank mandate.

## First authorised party

Name

Signature

Date

## Third authorised party

Name

Signature

Date

## Second authorised party

Name

Signature

Date

## Fourth authorised party

Name

Signature

Date

Please contact us if you would like this information in an alternative format such as Braille, large print or audio.

Lloyds Bank plc Registered Office: 25 Gresham Street, London EC2V 7HN. Registered in England and Wales no. 2065. Telephone: 0207 626 1500.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under Registration Number 119278.

Eligible deposits with us are protected by the Financial Services Compensation Scheme (FSCS). We are covered by the Financial Ombudsman Service (FOS). Please note that due to FSCS and FOS eligibility criteria not all business customers will be covered.

## Our service promise

If you experience a problem, we will always try to resolve it as quickly as possible. Please bring it to the attention of any member of staff.

Our complaints procedures are published at [lloydsbank.com/business](https://www.lloydsbank.com/business)

**For bank use only – to be completed by Accredited member of the Relationship Team**

**First additional account signatory**

Authorisation confirmed – signed in accordance with the bank mandate

Print name

**OR**

Centre to confirm authorisation

File number

Is additional signatory a KAP?

Yes

No

**If yes** send 1365 and ID&V

**If no** please state rationale

  

Signature of Accredited member of the Relationship Team

Date

**Second additional account signatory**

Authorisation confirmed – signed in accordance with the bank mandate

Print name

**OR**

Centre to confirm authorisation

File number

Is additional signatory a KAP?

Yes

No

**If yes** send 1365 and ID&V

**If no** please state rationale

  

Signature of Accredited member of the Relationship Team

Date

**Third additional account signatory**

Authorisation confirmed – signed in accordance with the bank mandate

Print name

**OR**

Centre to confirm authorisation

File number

Is additional signatory a KAP?

Yes

No

**If yes** send 1365 and ID&V

**If no** please state rationale

  

Signature of Accredited member of the Relationship Team

Date

**Fourth additional account signatory**

Authorisation confirmed – signed in accordance with the bank mandate

Print name

**OR**

Centre to confirm authorisation

File number

Is additional signatory a KAP?

Yes

No

**If yes** send 1365 and ID&V

**If no** please state rationale

  

Signature of Accredited member of the Relationship Team

Date