

Please complete in BLOCK CAPITALS and in black ink.

1. Account details

Account name _____ Account number

Account holding branch _____ Sort code

This amendment is to take place as soon as possible **OR** With effect from (DD/MM/YYYY)

Please amend address for: All my/our business accounts **OR** The above account and those listed below

Account number	Sort code	Account number	Sort code	Account number	Sort code
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

NB If more accounts are held a separate piece of paper can be used as long as it is signed & dated in accordance with the mandate.

	Account key	Currency	Suffix	Account key	Currency	Suffix
Currency accounts	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Credit Card number(s)	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

Please Note: Changes to credit card addresses must be signed in accordance with the credit card mandate.

2. New address details - Principal 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

(99,01 & 02 if section 3 not completed)

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

(02 screen only)

4. Contact details – This information will be used as the main contact details for the account

Contact name:

Job title:

Telephone number:

Fax number:

Mobile number:

Email address:

(99,01 screen)

5. Confirmation – To be signed in accordance with the Bank Account Mandate/Signing Instructions
(Extra page for signatories is available if required See page 3)

Customer signature(s)

Customer signature(s)

Name (in full) _____

Name (in full) _____

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

For Branch or Relationship Manager Team use

(Needs to be completed following a face to face meeting, receipt of written instruction from customer (RM only) or if customer is Identified in branch)

CPB – RM Only

By providing your signature, you are confirming that you have identified the customer via a face to face meeting or a call back and are authorising the change of address instruction (RM only)

I confirm I have received an original instruction, signed in accordance with the mandate, from the customer

I confirm that the customer **has not** been identified prior to submission, and a validation check is required at CSC

PBB / CIB – RM Only

I confirm the customer has been identified and the form has been signed in accordance with the customer's mandate **(Branch only)**

I confirm the customer has been identified during a face to face meeting **(RM only)**

I confirm I have received the original instruction from the customer – please attach **(RM only)**

Call made to

On number

Time (HH/MM)

Date (DD/MM/YYYY)

Staff signature:

Staff name _____

Location _____

E-Mail Address _____

Contact number _____

ISV number _____

Failure to provide all information will result in delays / requests not being actioned and returned to the staff

Extra page for customers signatures if required

Extra page for customers' signatures if required

Name (in full) _____

Date (DD/MM/YYYY)

Name (in full) _____

Date (DD/MM/YYYY)

Name (in full) _____

Date (DD/MM/YYYY)

Name (in full) _____

Date (DD/MM/YYYY)

Name (in full) _____

Date (DD/MM/YYYY)

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Date (DD/MM/YYYY)

Name (in full) _____

Date (DD/MM/YYYY)

Name (in full) _____

Date (DD/MM/YYYY)

Name (in full) _____

Date (DD/MM/YYYY)