



## 3.1

## First additional account signatory details

Date changes effective from

     

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

## 3.2

## Second additional account signatory details

Date changes effective from

     

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

## 3.3

## Third additional account signatory details

Date changes effective from

     

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

Date changes effective from







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

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

Signature of Accredited member of the Relationship Team

If no please state rationale

  

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

Signature of Accredited member of the Relationship Team

If no please state rationale

  

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

Signature of Accredited member of the Relationship Team

If no please state rationale

  

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

Signature of Accredited member of the Relationship Team

If no please state rationale

  

Date