

# NON-PERSONAL SAVINGS ACCOUNT

## DETAILS AMENDMENT FORM

Send your completed form to: Scottish Widows Bank, PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ. Telephone: 0345 845 0829.

This form should be used to amend existing account details with us. If you need any assistance please contact our customer service team, lines are open 8am to 6pm Monday to Friday (Wednesday from 10am). Please note that a separate form is required for each account you have with us. Additional forms are available to download from our website, [www.scottishwidowsbank.co.uk](http://www.scottishwidowsbank.co.uk), or on request from our customer service team either by telephone or by post.

**Please complete ALL fields in this section and update other sections as required, ensuring the authority to carry out any amendments on page 9 is fully completed.**

Account Number

Name of Account

Do you intend to save into this account on an ongoing basis? (please select)

No:  No activity planned. Yes:  Monthly  £  and/or  Annually  £

**EXISTING SIGNATORY/AUTHORITY DETAILS (YOU MUST COMPLETE THESE DETAILS FOR ALL CHANGES)**

You must complete these details for all existing signatories/authorities who are to remain. (Details of signatories/authorities to be added or removed should be completed in the relevant section later in the form.)

Name

Role:  Controlling person  Signatory

Capacity/position   
(e.g. chairperson, secretary, treasurer, etc)

Date of birth         (DD MM YYYY) Sex  Male  Female

Address (personal)

Postcode

Nationality

(List all if more than one held. Use additional details section if required)

EXISTING SIGNATORY/AUTHORITY DETAILS (CONTINUED)

Which countries are you tax resident in?

(List all if more than one held. Use additional details section if required)

Town/city of birth

Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar tax payer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

Name

Role:  Controlling person  Signatory

Capacity/position

(e.g. chairperson, secretary, treasurer, etc)

Date of birth  (DD MM YYYY)  Sex  Male  Female

Address (personal)

Postcode

Nationality

(List all if more than one held. Use additional details section if required)

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EXISTING SIGNATORY/AUTHORITY DETAILS (CONTINUED)

Name

Role:  Controlling person  Signatory

Capacity/position

(e.g. chairperson, secretary, treasurer, etc)

Date of birth  (DD MM YYYY) Sex  Male  Female

Address (personal)

Postcode

Nationality

(List all if more than one held. Use additional details section if required)

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Role:  Controlling person  Signatory

Capacity/position

(e.g. chairperson, secretary, treasurer, etc)

Date of birth  (DD MM YYYY) Sex  Male  Female

Address (personal)

Postcode

Nationality

(List all if more than one held. Use additional details section if required)

**EXISTING SIGNATORY/AUTHORITY DETAILS (CONTINUED)**

Which countries are you tax resident in?

(List all if more than one held. Use additional details section if required)

Town/city of birth

Country of birth

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For any additional controlling persons and/or signatories, please provide the same details as requested above in the additional details section at the back of this application form.

**CHANGE OF CODE WORD(S)**

	Any UK Place Name	Code name of your choice
Existing	<input type="text"/>	<input type="text"/>
New	<input type="text"/>	<input type="text"/>

Always take reasonable steps to keep the passwords and other security information secret at all times. This is essential to help prevent fraud and protect the accounts. Take care when storing or disposing of information about your accounts. You should take simple steps such as shredding printed material. It is essential that you tell us as soon as possible if you suspect or discover someone else knows your security information – call our customer service team on **0345 845 0829**.

**CHANGE OF CORRESPONDENCE DETAILS – PLEASE AMEND YOUR RECORDS AS FOLLOWS:**

	From:	To:
Title	Mr    Mrs    Ms    Miss Other <input type="text"/>	Mr    Mrs    Ms    Miss Other <input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Daytime Tel. No.	<input type="text"/>	<input type="text"/>
Evening Tel. No.	<input type="text"/>	<input type="text"/>

**PLEASE ENSURE YOU SIGN OVERLEAF BEFORE RETURNING THE FORM**

CHANGE OF BANK OR BUILDING SOCIETY ACCOUNT DETAILS

**NB: Please enclose confirmation eg, original Bank Statement or Cancelled Cheque.**

	From:	To:
Sort Code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Bank/Building Society	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>
Account Name(s)	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please forward a Direct Debit authorisation form for completion and return.

FREQUENCY OF INTEREST PAYMENT

Frequency of Interest Payment: Please amend the interest payment period to:      Monthly\*      Quarterly      Annually

\*Minimum account balance required of £50,000

FREQUENCY OF STATEMENTS

Please complete the relevant box to indicate how often you would like to receive your statement:

Please note that this will be in paper form

Monthly                                      Quarterly

Six-monthly                                      Annually

**Note:** Throughout this section the words “we”, “our” and “us” refer to Scottish Widows Bank. The words “you” and “your” refer to the applicants.

### Who we are

Your information will be held by Scottish Widows Bank which is part of the Lloyds Banking Group. More information on the Group can be found at [www.lloydsbankinggroup.com](http://www.lloydsbankinggroup.com)

### How we share your information with Group companies

Your personal information will be shared within the Lloyds Banking Group to enable us to better understand your needs, run your accounts, and provide products in the efficient way that you expect.

### Using your information for fraud prevention

We will share your personal information from your application with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified, details of this fraud will be passed to these agencies to prevent fraud and money laundering. Further details explaining how information held by the fraud prevention agencies may be used can be obtained by reading the privacy notice at [www.scottishwidowsbank.co.uk](http://www.scottishwidowsbank.co.uk), or you can request a copy by calling us on 0345 845 0829.

### Checking your identity

We may ask you to provide physical forms of identity verification or search the files of credit reference agencies which will keep a record of our search, whether or not your application proceeds. This is not seen or used by lenders to assess your ability to obtain credit.

### How we use your information to contact you about products and services

Lloyds Banking Group companies may use your information to contact you by mail, telephone, email or text message about products and services that may be of interest to you. If you do not wish to receive this information please tick the box

### Further information

For further information please contact us on 0345 845 0829.

### Your consent to process your information

To understand how the personal information you give us will be used, we strongly advise that you read our full Privacy Notice, which you can find at [www.scottishwidowsbank.co.uk](http://www.scottishwidowsbank.co.uk), or you can ask us for a copy. By signing this application, you agree to your personal information being used in the ways we describe. Please contact us if you have any questions.

**Warning:** Messages sent by email may not be secure and may be intercepted by third parties. For these reasons, please do not use email to send us communications which contain confidential information. If you disregard this warning and choose to send us confidential information, you agree that you do so at your own risk and that you will not hold Scottish Widows Bank responsible for any loss you suffer as a result.



**Identification Requirements**

To comply with Money Laundering Regulations, Scottish Widows Bank need to verify the identity of your organisation, signatories and beneficial owners when opening an account.

Scottish Widows Bank may make searches now and in the future about you with an online reference agency who will supply information for the purpose of verifying your identity. Scottish Widows Bank may also obtain documents from you confirming your identity and address or confirming the existence of the organisation. You will not be allowed to operate the account until the Money Laundering checks are complete.

For more details about identity checks, please refer to [www.moneyadvice.service.org.uk](http://www.moneyadvice.service.org.uk)

Name

Role:  Controlling person  Signatory

Capacity/position

(e.g. chairperson, secretary, treasurer, etc)

Do you have an existing relationship with Scottish Widows Bank? (e.g. customer, introducer, trustee, signatory or beneficial owner)  Yes  No

Date of birth  (DD MM YYYY) Sex  Male  Female

Address (personal)

Postcode

Nationality

(List all if more than one held. Use additional details section if required)

Signature

Date (DD MM YYYY)

**Additional details required for controlling persons (we cannot open the account without this information).**

Which countries are you tax resident in?

(List all if more than one held. Use additional details section if required)

Town/city of birth

Country of birth

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(e.g. chairperson, secretary, treasurer, etc)

Do you have an existing relationship with Scottish Widows Bank? (e.g. customer, introducer, trustee, signatory or beneficial owner)  Yes  No

Date of birth  (DD MM YYYY) Sex  Male  Female

NEW SIGNATORY/AUTHORITY (CONTINUED)

Address (personal)

Postcode

Nationality   
(List all if more than one held. Use additional details section if required)

Signature

Date (DD MM YYYY)

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(List all if more than one held. Use additional details section if required)

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Date of birth  (DD MM YYYY) Sex  Male  Female

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Postcode

Nationality   
(List all if more than one held. Use additional details section if required)

Signature

Date (DD MM YYYY)



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Date of birth  (DD MM YYYY) Sex  Male  Female

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**SIGNATORY/AUTHORITY TO BE REMOVED**

**To be removed (1):**

Name

Capacity/Position

Address (personal)

Postcode

Date of birth (DD MM YYYY)

Sex Male Female

Nationality

Signature\*

Date (DD MM YYYY)

**To be removed (2):**

Male Female

**To be removed (3):**

Name

Capacity/Position

Address (personal)

Postcode

Date of birth (DD MM YYYY)

Sex Male Female

Nationality

Signature\*

Date (DD MM YYYY)

**To be removed (4):**

Male Female

**Please accept this authority to carry out the above amendments in accordance with our account instructions To be signed by existing signatories in line with the prevailing instructions.**

If a signatory being removed is unavailable to sign please contact our customer service team on 0345 845 0829.

1. Signature

Date (DD MM YYYY)

2. Signature

Date (DD MM YYYY)

3.

4.



Copies of our literature can be provided in large print or in Braille and additional assistance is available to any customer upon request.

If you have any special requirements please contact our customer service team on **0345 845 0829**.

Scottish Widows Bank is a trading name of Lloyds Bank plc. Registered office: 25 Gresham Street, London EC2V 7HN. Registered in England and Wales, no. 2065. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under number 119278.

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