

Programme/nominated travel administrator

LLOYDS BANK



For Corporate Charge Card/Purchasing Card/Corporate MultiPay/Business Travel Solution

Useful information

Please write clearly in the white spaces with capital letters or cross the boxes.

Please cross through all sections which are not completed.

For changes to existing administrator's details, see overleaf.

References to "programme/nominated travel administrator", please delete as appropriate.

* Fields marked with an asterisk must be completed.

References to "I" / "we" / "our" or "the Business" in Sections 1 to 5 are the Business named below and (as the context requires) to the Business and financial and other affairs of that Business.

Once completed please send to Lloyds Bank Card Services, PO Box 6061, Milton Keynes, MK7 8LE.

1 Business and programme details

Business name*

Programme number*

Programme type:

Corporate MultiPay

Corporate Charge Card

Purchasing Card

Business Travel Solution

Address for correspondence/Bulk Card mailing address*

C/O

Postcode*

Please indicate if this address has changed

New address effective from:

2 Removal of current programme/nominated travel administrator(s)

Complete this section if you are removing a current programme/nominated travel administrator.

If a programme/nominated travel administrator being removed received correspondence and bulk cards please tell us the new programme/nominated travel administrator name and address in Section 1.

Changes will be effective within 7/10 days of the date of this form.

Programme/nominated travel administrator to be removed.

Full name*

Full name*

3 New programme/nominated travel administrator details

Complete this section if you are adding a new programme/nominated travel administrator.

Title, name and position*

Business contact numbers and area dialling codes

Telephone*

Mobile

Fax

E-mail address*

Date of birth*

Password (usually mother's previous name)*

Do you require access to Online Card Management System 'OCMS'?

Yes

No

Specimen signature*

Date*

Complete this section if an existing programme/nominated travel administrator's details have changed.

Existing details

Title, name and position*

Business contact numbers and area dialling codes

Telephone*

Mobile

Fax

E-mail address*

Password (usually mother's previous name)*

Specimen signature*

Date*

New details

Title, name and position*

Business contact numbers and area dialling codes

Telephone*

Mobile

Fax

E-mail address*

Password (usually mother's previous name)*

Specimen signature*

Date*

I/We confirm the details provided on this form are true and correct, and, I/We authorise the amendment of the programme/nominated travel administrator details in accordance with this form.

This form **must be** signed in accordance with your existing Bank mandate or a Resolution.

For and on behalf of (Business name)*

Your signature(s)*

Date*