SCOTTISH WIDOWS BANK

Non-Personal Savings Accounts Detail Amendment Form

Scottish Widows Bank plc
PO Box 12757
67 Morrison Street
Edinburgh EH3 8YJ

Telephone: 0845 845 0829

This form has been designed to assist you in amending existing account details with us. If you require any assistance please contact our Customer Service Staff between the hours of 8am and 6pm Monday to Friday (10am Wednesdays). Please note that a separate form requires to be used for each account you have with us. Additional forms are available on request from our Customer Service Staff either by telephone or by post.

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐

Name of Account

☐ Change of code word(s)

	Any UK Place Name	Code name of your choice
Existing		
New		

☐ Change of correspondence details Please amend your records as follows:

	From:	To:
Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐	Mr ☐ Mrs ☐ Miss ☐ Ms ☐
	Other	Other
First Name		
Surname		
Address		
Postcode	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
Daytime Telephone No.		
Evening Telephone No.		

☐ Change of Bank or Building Society Account Details Please amend your records as follows:

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

	From:	To:
Sort Code	☐☐–☐☐–☐☐	☐☐–☐☐–☐☐
Bank/Building Society		
Branch		
Account Name(s)		
Account Number	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐

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

Please ensure you sign overleaf before returning the form

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

Change of Signatures

Change of Authority

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.

The FSA's Factsheet "Proving your identity" will help explain why we need to verify your identity. You can get a free copy from **www.moneymadeclear.fsa.gov.uk/pdfs/proving_your_identity.pdf** or by calling them on **0845 606 1234**.

	Existing	New
Name		
Capacity/Position		
Address (personal)		
Postcode		
Date of birth (DD MM YYYY)		
Sex	Male ☐ Female ☐	Male ☐ Female ☐
Country of Nationality		
Signature		
Date (DD MM YYYY)		

Name		
Capacity/Position		
Address (personal)		
Postcode		
Date of birth (DD MM YYYY)		
Sex	Male ☐ Female ☐	Male ☐ Female ☐
Country of Nationality		
Signature		
Date (DD MM YYYY)		

Change of Signatures (cont'd)

Change of Authority (cont'd)

Name		
Capacity/Position		
Address (personal)		
Postcode		
Date of birth (DD MM YYYY)		
Sex	Male ☐ Female ☐	Male ☐ Female ☐
Country of Nationality		
Signature		
Date (DD MM YYYY)		

Name		
Capacity/Position		
Address (personal)		
Postcode		
Date of birth (DD MM YYYY)		
Sex	Male ☐ Female ☐	Male ☐ Female ☐
Country of Nationality		
Signature		
Date (DD MM YYYY)		

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

1. Signature
   Date (DD MM YYYY)

2. Signature
   Date (DD MM YYYY)

3. Signature
   Date (DD MM YYYY)

4. Signature
   Date (DD MM YYYY)

Additional Details

This page has been provided for your use should you require to give further information on any of the sections.

Section and Number	Description