







The Bank recommends a minimum of two Corporate Contacts for connection to the Lloyds Bank Euro Service.

Title Mr  Mrs  Miss  Ms  Other (please specify)

First name

Last name

Office telephone number

Contactable out of office hours?

Yes

No

**If yes** please complete out of office hours telephone number below.

Out of office hours telephone number

E-mail address (This should be a personal e-mail address but can be a general e-mail address relating to your organisation)

Card holder name (this name will appear on your Smart Card and should be specific to the card holder)

First line of address

Second line of address

City or Town

Post code

County

For bank use only

Contact ID

#### First Corporate Contact

Words and expressions defined in the conditions set out in this application form have, when used in this declaration the same meaning as they have in the PKI Customer Agreement.

In order to use the Lloyds Bank Euro Service we acknowledge that we must signify that we agree to and understand the terms and conditions of the PKI Agreement. The full terms and conditions of the Lloyds Bank PKI Customer Agreement can be viewed, downloaded or printed from the following website [www.lloydsbankcommercial.com/corporate-terms/lloydsbank/pki-agreement](http://www.lloydsbankcommercial.com/corporate-terms/lloydsbank/pki-agreement)

I/We hereby advise that I/We have read and accepted the terms and conditions of the Lloyds Bank PKI Customer Agreement and agree to be legally bound by those terms.

I confirm that the information given on this page is true, accurate and complete.

I wish to use Lloyds Bank Euro Service as a Corporate Contact on behalf of the Company/Organisation detailed above.

I understand Know Your Customer (KYC) checks including searching at Credit Reference Agencies may be carried out as part of the Lloyds Bank Euro Service application process.

I authorise the above applicant to act on behalf of the previously noted Company/Organisation in Section 1.

**Bank Mandate signature** (to be completed if the above is not a Bank Mandate signature)

Date

Title Mr  Mrs  Miss  Ms  Other (please specify)

First name

Last name

#### Data Protection Notice

- I understand that all my personal data will be treated confidentially.
- I agree that any memorable data provided will only be processed in order to provide for administration of the service requested and to verify and safeguard account information.
- I hereby authorise you to complete the necessary Know your Customer (KYC) checks.

Please note that there may be circumstances where we cannot successfully verify identity using this method. In this event, we will contact you with a request for copies of documentation evidencing identity and address.

#### First Corporate Contact's signature

Date

The Bank recommends a minimum of two Corporate Contacts for connection to the Lloyds Bank Euro Service.

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City or Town

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For bank use only

Contact ID

#### Second Corporate Contact

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First name

Last name

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#### Second Corporate Contact's signature

Date

For the purpose of this agreement the term Bank is defined as:

Lloyds Bank plc

**For the purposes of this section references to 'We' and 'Us' below are references to Organisation and all undertakings made on behalf of the Organisation.**

**For the purposes of this section references to "You" and "Your" below are references to the bank identified above.**

- 1 We confirm that the information given is correct
- 2 We authorise You to debit Our account (as identified in section 3.1 above or as notified by Us to You from time to time) in respect of Lloyds Bank Euro Service usage and charges, including charges for Smart Cards and Smart Card Readers.
- 3 We have a copy of the Core and B2B Scheme Rules covering the SEPA Direct Debit Scheme, and confirm that We will abide by them.
- 4 We agree to provide any copies of customers' Mandates when required, in the format requested, and within the Core or B2B Scheme Rules as may be applicable.
- 5 We agree to exercise adequate internal controls with regard to originating SEPA Direct Debits including (without limitation):
  - documentation will be locked away
  - computer security controls will be in place, (if own equipment used); and
  - duties will be undertaken by competent personnel employed by our organisation.
- 6 We confirm that We have read and will comply with the Lloyds Bank Euro Service Terms and Conditions and any user guides provided by You from time to time. We agree that this application form together with such Terms and Conditions and such user guides as You may provide to Us [or may arrange to be provided to Us] shall together comprise the contract between Us and You for the Service.
- 7 I/We confirm that we have been given the PKI Customer Agreement and hereby advise that I/We have read and accepted the terms and conditions of the PKI Customer Agreement and agree to be legally bound by them
- 8 We acknowledge that Lloyds Bank plc will fulfil all performance obligations in respect of the Lloyds Bank Euro Service on Our behalf and We give full authority in that connection in accordance with the Terms and Conditions referred to above.

**This form must be signed in accordance with the Electronic Banking clause of your Bank Mandate or in accordance with a specific Electronic Banking board resolution to view the current provisions.**

**Please contact your Relationship Manager if you require a specimen Electronic Banking board resolution.**

**By signing this Commercial Banking application you confirm that you (or the group of which you form part) have an annual turnover of £2.5m or more or that your Relationship Manager has confirmed this service is appropriate for you.**

**Signed for and on behalf of our organisation by:**

### First authorised signatory

Your full name (in block capitals)

Your signature

Date

Your position

### Second authorised signatory

Your full name (in block capitals)

Your signature

Date

Your position

**Please send the completed form to your Relationship Manager.**

[www.lloydsbankcommercial.com/](http://www.lloydsbankcommercial.com/)

**Please contact us if you'd like this in Braille, large print or on audio tape.**

We accept calls via Text Relay.

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 registration number 119278.

We aim to provide the highest level of customer service possible. If you do experience a problem, we will always seek to resolve this as quickly and efficiently as possible.

If you would like a copy of our complaint procedures, please contact your Relationship Manager or any of our offices. You can also find details on our website,

at <http://www.lloydsbankcommercial.com/contactus/>

### Relationship Manager – please complete

Organisation Name. This is the group name (if part of a group). If not part of a group enter the registered company name to which the Creditor Identifier relates. **This is mandatory.**

Crisp Customer ID (Corporate)

Market sector

or

BIT Party ID (International) Located via BIT – Customer File – Profile

Market segment

Global

Mid Market

SME

NBFI

I authorise the setting of limit(s) as recorded on this application form. I confirm that I will inform Group Operations of any changes required without delay. I understand that failure to do so may result in a delay to the processing of future transmissions.

I confirm that the customers signature(s) are in accordance with their electronic bank account mandate.

Relationship Manager's name (in block capitals)

Relationship Manager's signature

Date

Relationship Manager's phone number and area dialling code

Relationship Manager's location

Relationship Manager's stamp

Relationship Manager's e-mail address

### Account Holding Branch – please complete

I confirm that the account details and signature(s) quoted are correct and in accordance with the Electronic Banking clause of the Bank Mandate. I confirm that we are undertaking the necessary branch procedures to permit this customer to become a Bacs user in due course.

Manager's signature

Date

Branch stamp

On completion please forward this form to:

**Group Operations, Lloyds Bank SEPA Direct Debit helpdesk, P.O Box 72, Bailey Drive, Gillingham, Kent, ME8 0LS. TNT 23**

### Group Operations – please complete

Bacstel-IP input carried out by (Full name)

Date (dd/mm/yyyy)

Bacstel-IP input checked by (Full name)

Date (dd/mm/yyyy)

Charges input carried out by (Full name)

Date (dd/mm/yyyy)

BIP organisation ID

Set up date (dd/mm/yyyy)