

Guidance notes

General

This application form is to be completed by all Creditors submitting SEPA Direct Debit instructions and/or mandates to Lloyds Bank Euro Service. A separate form must be completed by a Creditor for each additional Creditor Identifier that is required. This application form should be completed in order to register a new or existing Creditor Identifier with the Lloyds Bank Euro Service.

On receipt of the completed SEPA Direct Debit Creditor Application Form, Lloyds Bank plc (the "Bank") as the Creditor bank will set up your details on the Lloyds Bank Euro Service system. If you have further queries on the use or completion of this form please contact your relationship manager. The Lloyds Bank SEPA Direct Debit helpdesk will issue an e-mail to your Creditor e-mail address to advise when the application process is complete.

The Bank will supply your nominated contacts with the Smart Cards, Smart Card Readers and associated signing software CD. The signing software will be required and installed on your preferred operating system. Existing compatible PKI card readers and software can also be used. The Smart Cards issued can only be used to access the Lloyds Bank Euro Service.

SEPA Direct Debit Creditor details

To register for access for both Core and B2B schemes please check each box in Section 1.1.

The Creditor e-mail address (section 1.2) will be used by the Lloyds Bank SEPA Direct Debit helpdesk as the default address for e-mail notifications.

The Creditor name does not have to match the organisation name or be the full legal name of the organisation; this can be a registered trading name.

Administrator details

The Bank recommends a minimum of two Corporate Administrators and Corporate Contacts for contingency and security purposes.

Corporate Administrators (section 4) are responsible for:

- maintaining certain elements of their own contact data
- administering contact privileges details
- requesting additional contacts, Smart Cards, Smart Card Readers, and requesting amendments to the Creditor data

Requests for additional contacts, Smart Cards, Smart Card Readers, and requesting amendments to the Creditor data should be forwarded to grpsepadd@lloydsbank.co.uk

Corporate Contacts (section 5) are responsible for:

- maintaining certain elements of their own contact data

Smart Card Issuance

All Corporate Administrators and Corporate Contacts will be issued with Smart Cards by the Bank.

Smart Cards will be issued directly to each nominated Smart Card holder together with a Smart Card Signing Software CD.

We will also send a Personal Identification Number (PIN) to each contact for use with their Smart Card. For security purposes the PINs will be sent by the Bank separately from the Smart Cards.

Contractual arrangements

On receipt of a signed application form by the Bank your Organisation will be considered to have accepted the Lloyds Bank SEPA Direct Debit Creditor Terms and Conditions.

1

SEPA Direct Debit Creditor details

1.1

Scheme access

Please cross which scheme you are participating in?

Core scheme

B2B scheme

1.2

Creditor details

Please write clearly in the white spaces with capital letters or cross the boxes. Please complete this section in full.

Organisation name

Company registration ID

Creditor name (this is the name that best represents your organisations use of the Lloyds Bank Euro Service)

Creditor e-mail address (Mandatory. This should be a personal or general e-mail address relating to your organisation)

Lloyds Bank SEPA Direct Debit helpdesk will use this e-mail address to advise your organisation of any changes to the Lloyds Bank Euro Service as the default address for e-mail notifications

Addressee name

Creditor postal name (will be used by Lloyds Bank SEPA Direct Debit helpdesk for any postal correspondence)

First line of address

Second line of address

City or Town

County

Post code

Country (if not UK)

Do you wish to register an existing Creditor Identifier?

Yes

No

Creditor Identifier

For bank use only

Creditor Identifier

2 Creditor on-boarding information
2.1 System preferences

Please provide envisaged limits and frequency of service.

Maximum file value
(€3,999,999.99 is the maximum)
€

Core maximum individual instruction amount
(€999,999.99 is the standard)
€

B2B maximum individual instruction amount
(€999,999.99 is the standard)
€

Maximum number of instructions per file
(1000 is the maximum)

Core limit frequency
(range from daily, weekly, monthly, quarterly)

B2B limit frequency
(range from daily, weekly, monthly, quarterly)

3 Account details
3.1 Nominated account for charging purposes

Please complete this section in full.

Branch sort code Account number

Account name

3.2 Collection settlement accounts

Additional accounts can be linked to the Creditor Identifier.

If you do not know your BIC and IBAN the Lloyds Bank SEPA Direct Debit helpdesk will complete on your behalf.

Branch sort code Account number

Account name

BIC

IBAN

Branch sort code Account number

Account name

BIC

IBAN

Branch sort code Account number

Account name

BIC

IBAN

Branch sort code Account number

Account name

BIC

IBAN

The Bank recommends a minimum of two Corporate Administrators 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 Administrator

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

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 Administrator 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 Administrator's signature

Date

The Bank recommends a minimum of two Corporate Administrators 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

Second Corporate Administrator

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.

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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

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- 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.

Second Corporate Administrator's signature

Date

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

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

5.2 Second Corporate Contact

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

Second 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.

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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.

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.

Second Corporate Contact's signature

Signature and Date fields

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)

Bank Mandate signature and Date fields

Title Mr Mrs Miss Ms Other (please specify)

First name

Last name

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/

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 (please complete SME section below)

NBFI

SME clients only

Micro-enterprise means an enterprise which employs fewer than 10 persons and whose annual turnover and/or annual balance sheet total does not exceed two million Euros, including self-employed persons, family businesses engaged in craft or other activities and partnerships or associations regularly engaged in an economic activity. Where the enterprise forms part of a larger group the structure of the group may impact on whether the Account holder(s) will be deemed to be a Micro-enterprise (as defined in the Annex to Recommendation 2003/361/EC (EU Official Journal No. L124, dated 20 May 2003).

I confirm the SME client meets the required criteria:

Is a non micro-enterprise	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
CMS rating of 14 or better	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Segment 1 or 2 client	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BCDS rating of G or better	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

All facilities sanctioned by Credit Manager	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
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I confirm that the client is eligible for the B2B Scheme.	Yes <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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I confirm that I will inform Group Operations of any changes to the eligibility to the B2B scheme without delay. I understand that failure to do so may result in a delay to the processing of future transmissions

System preferences

Limit exposure must be double the estimated maximum required.

Corporate name

Creditor identifier (operations to complete)

Business entity identifier (BEI) (operations to complete)

Maximum file value (€9,999,999.99 is the maximum))

Core maximum individual instruction amount (€999,999.99 is the standard)

Core Overall Corporate Limit (The total limit amount in any given frequency period)

Core limit frequency (range from daily, weekly, monthly, quarterly)

Maximum number of instructions per file (1000 is the maximum)

B2B maximum individual instruction amount (€999,999.99 is the standard)

B2B Overall Corporate Limit (The total limit amount in any given frequency period)

B2B limit frequency (range from daily, weekly, monthly, quarterly)

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 SEPA Direct Debit Creditor 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

Input carried out by (Full name)

Input checked by (Full name)

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

Charges input carried out by (Full name)

Date (dd/mm/yyyy)

BIP organisation ID

Set up date (dd/mm/yyyy)