The **co-operative** bank

Change of account signatories and authorised users

This form can be used to add or remove signatories and authorised users to your Co-operative Bank business account. You can use this form to change the signatures on more than one account as long as they are for the same business, share the same signing authority and you are making the same changes to each account. If your accounts are for different businesses and/or require different signing authorities then a form must be completed for each account.

This change of signatories form is split out into the following sections:

Important Information

Section 1: Your details

Section 2: Part A: Personal details of all new signatories/authorised users

Part B: Removal of signatories/authorised users

Section 3: Part A - General Information about your business

Part B - Personal details of all individuals who have the authority to make decisions

on behalf of the business

Part C - Major shareholders/stakeholders/trustees/executive committee details (for limited companies including CICs/CIO/SCIO, charity, clubs and society and limited

partnership only)

Section 4: Declaration

Next Steps

If a signatory or authorised user is deceased, please provide a letter signed in accordance with the existing account mandate. There may be instances where we will require a certified copy of the death certificate, for example a joint partnership account. We will tell you if we need this.

- Complete all relevant sections in the form and write clearly in CAPITAL LETTERS.
- Ensure all signatories/authorised users have read the 'Important information' section in the form and sign as appropriate. All required signatures will be highlighted with the image to the right. All signatures on this form must be original signatures in permanent ink.



- Ensure Companies House/Charities Commission and your organisation's governing document has been updated to reflect any changes before submitting the form.
- Please send us the most up to date governing document/rule book or partnership agreement whichever is relevant to your organisation.
- You can either email this form to changeofsignatories@co-operativebank.co.uk or post it back to us, using the address below. It may be useful if you keep a scanned copy or photocopy of your completed form before you send it to us.

Change of signatories PO Box 4931 SWINDON SN4 4PL

Need help? Contact Business Account Support on 03457 213 213*.

Please note that we may require more information from you once we have received and reviewed this form.

Important information



Credit decisions and also the prevention of fraud and money laundering.

We may use credit reference and fraud prevention agencies to help us make decisions. A short guide to what we do and how both we and credit reference and fraud prevention agencies will use your information is detailed in the section called: A condensed guide to the use of your personal and business information by ourselves and at credit reference and fraud prevention agencies. For details of how your data may be used, also read carefully the 'Using Your Personal Information' notice provided with the terms and conditions of your account and the 'Your marketing preferences and consent declaration' section in this application form.

By confirming your agreement to proceed you are accepting that we may each use your information in this way.

A condensed guide to the use of your personal and business information by ourselves and at credit reference and fraud prevention agencies

- 1) When you apply to us to open an account, this organisation will check the following records about you and, where applicable, your business Partners and anyone to whom you are linked financially:
 - a) Our own.
 - b) Personal and, where applicable, business records at credit reference agencies (CRAs). When CRAs receive a search from us they will place a search footprint on your personal credit file and where applicable your business credit file that may be seen by other lenders. They supply both public (including the electoral register) and shared credit and fraud prevention information.
 - c) Those at fraud prevention agencies (FPAs).
 - d) If you're a Director, we will seek confirmation, from credit reference agencies, that the residential address that you provide is the same as that shown on the restricted register of Directors' usual addresses at Companies House.

We will make checks such as assessing this application for credit and verifying identities to prevent and detect crime and money laundering. We may also make periodic searches at CRAs and FPAs to manage your account with us.

- 2) If you are making a joint application or tell us that you have a spouse or financial associate, we will link your records together so you must be sure that you have their agreement to disclose information about them. CRAs also link your records together and these links will remain on your and their files until such time as you or your Partner successfully files for a disassociation with the CRAs to break that link.
- 3) Information on applications will be sent to CRAs and will be recorded by them, including, where applicable, information on your business and its proprietors. The CRAs may create a record of the name and address of your business and its proprietors if there is not one already.
- 4) Where you borrow from us, we will give details of your account(s) and how you manage it/them to CRAs.
- 5) If you borrow and do not repay in full and on time, CRAs will record the outstanding debt. This information may be supplied to other organisations by CRAs and FPAs to perform similar checks and to trace your whereabouts and recover debts that you owe. Records remain on file for six years after they are closed, whether settled by you or defaulted.
- 6) If false or inaccurate information is provided and fraud is identified, details including the names of the company Directors at the time of the fraud will be passed to fraud prevention agencies. You undertake to inform all Directors of this notice.
- 7) Law enforcement agencies may access and use this information.
- B) We and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:
 - a) Checking details on applications for credit and credit-related or other facilities.
 - b) Managing credit and credit-related accounts or facilities.
 - c) Recovering debt.
 - d) Checking details on proposals and claims for all types of insurance.
 - e) Checking details of job applicants and employees.
- 9) If you have borrowed from us and do not make payments that you owe us, we will trace your whereabouts and recover debts.
- 10) We and other organisations may access and use from other countries, the information recorded by fraud prevention agencies.
- 11) Your data may also be used for other purposes for which you give your specific permission or, in very limited circumstances, when required by law or where permitted under the terms of the Data Protection Legislation.

How to find out more

You can contact the credit reference agencies currently operating in the UK; the information they hold may not be the same so it is worth contacting them all.

- Transunion International UK Limited, Consumer Services Team, PO Box 491, Leeds LS3 1WZ or call 0330 024 7574 or log on to www.transunionstatreport.co.uk
- Equifax PLC, Credit File Advice Centre, PO Box 3001, Bradford BD1 5US or call 0844 335 0550 or log on to www.equifax.co.uk
- Experian, Consumer Help Service, PO Box 8000, Nottingham NG80 7WF or call 0344 481 8000 or log on to www.experian.co.uk
- If you want to receive details of the relevant fraud prevention agencies please contact us at The Co-operative Bank, Fraud Management, PO Box 4931, SWINDON SN4 4PL.

Section 1 Your details

Bank account details

Please detail the account held by the business with The Co-operative Bank to which you wish to make the changes as set out in this form. If you need more space please attach a separate sheet of paper or photocopy the page. As a reminder, you can use this form to change the signatures on more than one account as long as they are for **the same business**, **share the same signing authority and you are making the same changes to each account**. If your accounts are for different businesses and/or require different signing authorities then a form must be completed for each account.

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Section 1 Your details

by post

list of third parties.)

Please tick if you consent to this:

by telephone

by email

Tax status - this section MUST be completed to prevent any delays with your request

UK tax regulations require the collection of information regarding an account holder's tax residency and citizenship. Therefore, please complete the relevant questions below and provide the information requested. Please note that we may be required to share this information about your business with the relevant tax authorities. If at any time in the future you need to change the information that you have provided, you are required to advise us within 30 days of such a change in circumstances. If you have any questions about how to complete this form, please contact your tax adviser. Does your business generate 50% or more of its income from the sale of goods and/or the provision of services? Answering yes means you make most of your income through active means such as selling any type of goods like retail products and/or you provide any type of service, such as a beauty salon or legal business. Answering no indicates that you earn most of your income passively through investment properties or dividends. Yes Was your business established or is it resident for tax, outside the UK? If yes, please provide details of your tax residences below. If you have more than two countries' information to provide, please photocopy this page. Country where business established/tax residency Tax Identification Number (TIN) Your marketing preferences and consent declaration At The Co-operative Bank p.l.c. we would like to keep you up to date with details of our banking products and services such as: current accounts, savings, secured and unsecured lending products. If you consent to us contacting you for this purpose, please tick the relevant box(es): You have the right to withdraw, object to, or change your marketing preferences at any time either by calling us or visiting one of our branches.

by text message

The Co-operative Bank p.l.c. would also like to keep you up to date with relevant products and services available to you by our carefully selected third parties. (Go to https://www.co-operativebank.co.uk/business/help-and-support/your-details/third-parties/ for a

Section 2 part A - New signatory personal details

IF YOU ARE ADDING MORE THAN ONE NEW SIGNATORY/AUTHORISED USER PLEASE PHOTOCOPY THIS SECTION BEFORE COMPLETING.

IMPORTANT: this section must be completed in full by or on behalf of all new signatories or authorised users but each individual will be required to sign. Please provide three full years' address history for each person. If you are not an EU national you may also need to provide additional proof to show that you have the right to reside in the UK.

BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE 'IMPORTANT INFORMATION' SECTION OF THIS FORM

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Do you already hold a Co-operative Bank account (personal and/or business)? If so, please complete	Account number
your sort code and account number in order for us	_
to keep our records up to date: Tax Information - this section MUST be completed to preven	ent any delays with your request
Are you a UK Resident for Tax purposes? Yes can include retired people, childre	n and anyone who would be
liable to pay tax in the UK if they had enough income. If you are unsure of you please refer to the government website: www.gov.uk/tax-foreign-income/reside	ui OK tax residerice status,
Are you a United States (US) Citizen? If 'Yes', add your Tax Identification Number here	Yes No
The term US Citizen means: An individual born in the United States, an individual whose parent is c national who has been naturalized as a United States citizen, or an individual born in Puerto Rico,	_
Are you resident outside the UK for Tax purposes? If 'Yes' complete the deta Tax residencies and associated references below:	ails of your Yes No
Countries or jurisdictions where Tax Resident	Tax Identification Number (TIN)
Enter the tax reference number that your country of residence for tax purposes has issued you (th or IoM), a social security number or a resident registration number).	nis includes TIN, a National Insurance Number (Jersey, Guernsey
Your consent - please read and sign t	his section
I authorise the Bank to search the files of one or more credit reference agencies, v	
enquiries the Bank believes necessary to confirm the details on this application for	rm and for credit assessment. If false or inaccurate
information is provided and fraud is identified, details including the names of the passed to fraud prevention agencies to prevent fraud and money laundering. You	• •
It is important that you read and understand the 'Important Information' section	· ·
Information' notice provided with your terms and conditions when the account w our website.	vas opened. Copies of these are available on
By signing below you agree that we can use your information in this way.	
(Additional information may be requested by the Bank if no/insufficient r	records are found by searches.)
Signature /	
Date	
Access to account	
What level of access do you require, please tick one:	
Signatory and authorised user	
Authorised user Only	
No access to the account required (Key Account Parties)	
An authorised user is anybody who is allowed to access the account via teleph app, regardless of their position or stake in the company. Authorised users will request changes to the Business Account nor can they make any Lending requeaccess to any other accounts held in the same business name.	not be able to sign any requests on your behalf to
Signatories will be able to access the account via telephone and/or business o approve Lending requests on behalf of the business and issue instructions to m	
Do you require any of the following? If your account isn't currently set up for o business online banking application form.	nline banking, you will need to also complete a
Online banking Debit card (current accounts only)	Dual authority required
If you select 'dual authority' this will apply to ALL payments made in or payment and will require another named signature or authorised user to	approve ALL payments.'
Note: Our mobile banking app will not be available where 'dual authority	y' has been requested
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If you do not select 'dual authority' all online payments can be made by approval by a different signature or authorised user.	-
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approval by a different signature or authorised user.	v any one individual without requiring additional
	v any one individual without requiring additional

Section 2 part B - Removal of signatories or authorised users

PLEASE PHOTOCOPY THIS PAGE BEFORE COMPLETING IF YOU ARE REMOVING MORE THAN four PEOPLE.

IMPORTANT: th By signing belov	nis section MUST be completed by ALL signatories/authorised users being REMOVED from the account. If you agree to be removed as a signatory/authorised user from the account listed in Section 1.
Title	First name
Surname	Signature //
Position	
Title	First name
Surname	Signature //
Position	
Title	First name
Surname	Signature Signature
Position	
Title	First name
Surname	Signature //
Position	

Important Information

- Any debit cards or online access will be automatically revoked for outgoing signatories/authorised users.
- If you are a joint partnership, ALL outgoing partners MUST sign this section.
- If any outgoing signatures are unobtainable, please provide a letter signed in accordance with the existing account mandate.
- Any outgoing signatories who remain associated to the business (e.g. remaining as a director on a Limited Company) will continue to be recorded as an official on the account/s listed in Section 1.
- If there are any lending products linked to your Business current account we will complete a full review of these prior to any officials being removed we will confirm back to you once we have actioned this request.

Signing authority for all accounts listed in Section 1 (page 3)

Please confirm the level of signing authority required once the signatory changes have been applied. Insert the first sort code and account number from those listed on page 3 into the boxes below.

Note: these signing authority instructions will not apply to the telephone, online and mobile banking services

Sort code	Account number
Please tick the level of signing authority	required when making a request or giving an instruction to the Bank, etc.:
Any one of the signatories to sign	Any two of the signatories to sign
All of the signatories to sign	Other combination (please give details below)

Section 3 part A - General information about your business

(These details are compulsory and must be completed in ALL cases)

Financial details
Date business established Day Month Year
Expected annual turnover for the next 12 months Number of working officials / employees Expected financial growth
Where does your income/turnover come from, e.g. sale of existing business/assets, general trading etc?
By what methods do you receive and make payments? (click all appropriate) cheque electronic e.g. Faster Payments/CHAPS foreign payments cash debit/credit cards
If you have indicated above that you receive or make foreign payments, please detail all countries applicable
Business trading address (premises)
Building name/number
Town/City Postcode
Registered address (please record your registered address if this differs from your trading address)
Building name/number
Street Town/City Postcode
Regulated/registered status
Are you registered with/regulated by a professional industry body? Yes No If yes, please record the following name of regulated/registered body, address regulated/registered body and regulated/registered number.

What is your type of husiness?
What is your type of business?
Do you undertake any of the following activities, money transitions, money service business, cheque cashing, money lending or payday lending? if so, please provide details
Business web address

Section 3 part B - All existing Signatories/ Authorised Persons personal details

IF NECESSARY PLEASE PHOTOCOPY THIS SECTION BEFORE COMPLETING

Introduction - In this section we require the personal details of all individuals who have the authority to make decisions on behalf of the business such as Directors and Partners, regardless of whether or not they will have access to the account. We will also need the personal details of any additional signatures and authorised users, these are individuals who the business chooses to give authority to access the business account e.g. office manager, secretary, accountant.

BEFORE COMPLETING THIS SECTION PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE 'IMPORTANT INFORMATION' SECTION OF THE APPLICATION FORM. FOR DIRECTORS/TRUSTEES THAT AREN'T SIGNATORIES THEY DO NOT NEED TO BE LISTED IN THIS SECTION.

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Surname										Any otl as durii				been	kno	wn	
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Date of birth			No	ationa	lity/No	ıtiona	lities										
day	month	year	٦ L														
Position within busin	iess																
Telephone number						M	obile	numbe	er								
Home/Flat name/n	umber					St	reet										
						L											
Town/City																	
Post code																	
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, please complete your sort code and																	
ccount number in order for us to keep ur records up to date:																	
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able to pay tax in the UK if they had enough i lease refer to the government website: www.g	-				-		ax r	esid	enc	e sto	itus	,		163			INC
re you a United States (US) Citizen?														Voc		1	Nic
: 'Yes', add your Tax Identification Number h ne term US Citizen means: An individual born in the Uniter ational who has been naturalized as a United States citiz	d States, an ir											_	1	Yes			No
re you resident outside the UK for Tax purpo	ses? If 'Ye								Jun	v	9 1	siarias		Yes			No
ax residencies and associated references belo cuptries or jurisdictions where Tax Posident	DW:					Ta	v Id	onti	fica	tion	NI	mbo	r /T	TNI			
ountries or jurisdictions where Tax Resident						L	x Iu	enu	irica	LIOII	INU	mbe	1 (1.	IIN)			
nter the tax reference number that your country of reside · IoM), a social security number or a resident registration		ırposes l	has issu	ied yo	ou (this	includ	les TI	Ν, α	Nati	onal :	Insu	rance	Num	ber (Jerse	y, Gu	erns
our consent																	
authorise the Bank to search the files of one	or more c	redit r	eferer	nce o	agenc	ies, v	vho	will	kee	pαι	reco	ord o	f the	at s	earc	h, ar	nd
ake other enquiries the Bank believes neces	sary to cor	firm t	he de	tails	on th	is ap	plic	atio	n fo	rm (and	for o	red	it a	sses	sme	nt.
false or inaccurate information is provided the time of the fraud will be passed to frau																	
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ndertake to inform all Directors of this notice is important that you read and understand our Personal Information' notice provided w e available on our website.	ith your te our inform	ation				t rec	ords	s ar	e fo	und	l by	sea	rch	es.)			

Section 3 part C - Major shareholders/ stakeholders/trustees/ executive committee details

(for limited companies including CICs/CIO/SCIO, charity, clubs and society and limited partnership only)

IF NECESSARY PLEASE PHOTOCOPY THIS SECTION BEFORE COMPLETING. PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE IMPORTANT INFORMATION SECTION IN THE APPLICATION FORM.

Introduction - In this section we need to know about any other business or individual who has beneficial ownership of your business in addition to those individuals named in part B.

If you have no major shareholders/stakeholders, **please tick here**

Business/organisations with 10% (or m voting right	ore) shareholding/stakeholding/
Business/organisation name Company registration number	Business / organisation shareholding / stakeholding / voting right percentage (this means the proportion of the business owned by another business / organisation) %
Principal personnel of above named but 10% (or more) shareholding/stakeholdi	
Title First name/s (in full)	Middle name
Surname	Any other name(s) you have been known as during the last six years
Date of birth Nationality/N	lationalities
Position within business Telephone number	Mobile number
	Mobile number

Home/Flat name/number	6
nomerna namenamber	Street
Town/City	
How long have you lived at this address? Years	Months Postcode
We must capture all addresses within the past three years. If you have lived at any other addresses in the past three years, address information separately if required.	please provide details below. Please attach supplementary
Home/Flat name/number	Street
Town/City	
How long have you lived at this address?	Months Postcode
How long have you lived at this address?	Months
Individual's shareholding/stakeholding/voting right percentage (the percentage means the proportion of the business owned by Are these shares being held by a nominee? Yes No If yes, please provide full details of actual (beneficial) sharehold	
Your consent	
other enquiries the Bank believes necessary to confirm the detail inaccurate information is provided and fraud is identified, details	including the names of the company Directors at the time of further fraud and money laundering. You undertake to inform all formation' section in the application form and the 'Using Your itions.
Signature Date	

Section 4 **Declaration**

THIS SECTION SHOULD BE SIGNED IN ACCORDANCE WITH YOUR EXISTING ACCOUNT MANDATE. FAILURE TO PROVIDE ALL RELEVANT SIGNATURES WILL RESULT IN THE FORM BEING RETURNED AND A DELAY IN PROCESSING. IF YOU REQUIRE MORE SPACE, PLEASE CONTINUE TO THE NEXT PAGE.

If your organisation requires a resolution (for example a Limited Company) to make such changes, by signing this declaration, you are confirming that the changes being made are in accordance with your constitution.

- I am an existing authorised signatory on the account(s) which are listed in Section 1
- I agree to the addition and removal of signatories and/or authorised users in accordance with Section 2 parts A and B
- I authorise the Bank to continue to operate the account(s) listed in Section 1 in accordance with the signing instructions as set out in Section 2 part B
- I agree with the online banking access being requested for each new signatory/authorised user

Please ensure the details in Section 2 part A are correct befor each individual.	ore signing, including the required level of account access requested
Name	
D. iii ii G	
Position in Company	
Signature	
	Date
Name	
Position in Company	
Signature	
	Date
Name	
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Please call 03457 213 213* (8am to 6pm Monday to Friday, 9am to 12 noon Saturday) if you would like to receive this information in an alternative format such as large print, audio or Braille. The Co-operative Bank p.l.c. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Financial Services Register No: 121885). Registered office: 1 Balloon Street, Manchester, M4 4BE. Registered in England and Wales

*Calls to 03 numbers from a UK landline cost up to 16p per minute and from a mobile cost between 3p and 65p if outside any inclusive minutes. Charges for calls made outside of the UK will be determined by your network provider. Calls may be monitored or recorded for security and training purposes.

Information correct as at 09/2025.

