Appendix to your Authority/Instruction to vary your Authority



Guidance notes

		-	e to provide additional information if you can't fit it all on your Authority or your nout this Appendix). This form must be attached to your Authority or your Variation
The Appendix has six sections:			
• Section 1 gives details about the business/organisat	ion.		
• Section 2 lets us know if you have used other Appe	ndices.		
 Section 3 gives you space to add further signatories Section 4 gives you space to add further signatories 			Important: Only one of section 3 or section 4 should be completed.
• Section 5 contains key information and the declara	tions you ar	e maki	ing by signing the Appendix.
• Section 6 tells you how you can return the form to	us.		
Please fill in all of the sections below which are relevant	to you in blo	ock cap	pitals.
1 Business/organisation details			
Is your business/organisation an existing customer?	Yes No	0	If yes , please provide the business or organisation's sort code and account number Sort code Account number
Name of business/organisation			
2 Additional appendices			
Please tick to say whether this is the only additional Appendix form you have used.	Yes No	0	If you ticked no , how many other Appendix forms have you used?

3 Additional signatories for your Authority

Only complete this section when the Appendix is being used in addition to the "Your Authority to operate Account(s)" form.

You authorise the people listed in this section to act on behalf of your business/organisation. Instructions given to us by the people you authorise below will be binding, as long as they are in line with the powers that type of signatory has and any signing rules you set below.

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Important: Each person listed below as either a Full or Limited Signatory, along with any other relevant individuals in the business (e.g. Shareholder, Beneficial Owner, Partner, Director) that will NOT be a signatory, must fully complete a "Your Key People" form.

3.1 Additional Full Signatories - Names

You choose the following people to be your additional Full Signatories:

First additional Full Signatory name	Position	Signature
Second additional Full Signatory name	Position	Signature
		Signature
Third additional Full Signatory name	Position	Signature
Fourth additional Full Signatory name	Position	Signature
Fifth additional Full Signatory name	Position	Signature
Sixth additional Full Signatory name	Position	Signature
Seventh additional Full Signatory name	Position	Signature
Eighth additional Full Signatory name	Position	Signature
Ninth additional Full Signatory name	Position	Signature
Tenth additional Full Signatory name	Position	Signature
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Important: In some circumstances (e.g. where you give us instructions in writing), we will use these example signatures to check who is contacting us and confirm whether they are authorised to give us instructions.

You authorise the people listed in this section to act binding, as long as they are in line with the powers t Important: Each person listed below as either	eing used in addition to the "Your Authority to operat on behalf of your business/organisation. Instructions gi hat type of signatory has and any signing rules you set b a Full or Limited Signatory, along with any other relevan gnatory, must fully complete a "Your Key People" form.	ven to us by the people you authorise below will be below.
3.2 Additional Limited Signatories	s - Names	
	pe your additional Limited Signatories:	
First additional Limited Signatory name	Position	Signature
Second additional Limited Signatory name	Position	Signature
Third additional Limited Signatory name	Position	Signature
Fourth additional Limited Signatory name	Position	Signature
Fifth additional Limited Signatory name	Position	Signature
Sixth additional Limited Signatory name	Position	Signature
Seventh additional Limited Signatory name	Position	Signature
Eighth additional Limited Signatory name	Position	Signature
Ninth additional Limited Signatory name	Position	Signature
Tenth additional Limited Signatory name	Position	Signature

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Additional signatories for your Authority

Important: In some circumstances (e.g. where you give us instructions in writing), we will use these example signatures to check who is contacting us and confirm whether they are authorised to give us instructions.

continued

Additional signatories for your Variation

Only complete this section when the Appendix is being used in addition to the "Your instruction to Vary your Authority" form.

You authorise the people listed in this section to act on behalf of your business/organisation. Instructions given to us by the people you authorise below will be binding, as long as they are in line with the powers that type of signatory has and any signing rules you set below.

Important: Each person listed below as either a Full or Limited Signatory, along with any other relevant individuals in the business (e.g. Shareholder, Beneficial Owner, Partner, Director) that will NOT be a signatory, must fully complete a "Your Key People" form.

addition

First addition				Second addition
Full name of person you want to add				Full name of person you
Role in the Business/Organisation				Role in the Business/Orga
Will the person you are adding be a Beneficial Owner/Shareholder?		Yes	No	Will the person you are a Beneficial Owner/Shareh
If yes , percentage of ownership			%	If yes , percentage of owr
What level of signing authority should the new person you're adding be given?	Full	Limited	None	What level of signing aut new person you're adding
Will the person you're adding require internet banking access?		Yes	No	Will the person you're ad internet banking access?

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	\square			\square
Limited		\boxtimes		\square
Non-Signatory		\boxtimes		\square
Will the person yo	ou're adding re	quire a Business	Debit Card?	Yes No

of person you want to add Business/Organisation erson you are adding be a Yes No Owner/Shareholder? centage of ownership % of signing authority should the Full Limited None n you're adding be given? erson you're adding require Yes No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access			
Full	\square			\boxtimes			
Limited				\boxtimes			
Non-Signatory							
Will the person you're adding require a Business Debit Card? Yes No							

Third addition

Full name of person you want to add

Role in the Business/Organisation			
Will the person you are adding be a		Yes	No
Beneficial Owner/Shareholder?			
If yes , percentage of ownership			%
What level of signing authority should the new person you're adding be given?	Full	Limited	Non
Will the person you're adding require internet banking access?		Yes	No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	\boxtimes			\boxtimes
Limited		\square		\boxtimes
Non-Signatory		\boxtimes		
Will the person yo	ou're adding req	uire a Business I	Debit Card?	Yes No

Fourth addition

Full name of person you want to add			
Role in the Business/Organisation			
Will the person you are adding be a Beneficial Owner/Shareholder?		Yes	No
If yes , percentage of ownership			%
What level of signing authority should the new person you're adding be given?	Full	Limited	None
Will the person you're adding require internet banking access?		Yes	No

Please confirm what level of access to Internet Banking you would like to give this person and tick the relevant box:

Signatory Level	Full Access User	Delegate Access User	View Only	No Access
Full	\boxtimes			\boxtimes
Limited		\square		
Non-Signatory		\boxtimes	\boxtimes	
Will the person yo	ou're adding req	uire a Business	Debit Card?	Yes No

4 Additional signatories for y	your Varia	tion				
Fifth addition Full name of person you want to add				Sixth addition		o add
					on you want to	5 200
Role in the Business/Organisation				Role in the Busine	ess/Organisatio	on
Will the person you are adding be a Beneficial Owner/Shareholder?		Yes	No	Will the person yo Beneficial Owner/		
If yes , percentage of ownership			%	lf yes , percentage	of ownership	,
What level of signing authority should the new person you're adding be given?	Full	Limited	None	What level of sign new person you're		
Will the person you're adding require internet banking access?		Yes	No	Will the person yo internet banking a		quire
Please confirm what level of access to Internet this person and tick the relevant box:	Banking you w	ould like to	o give	Please confirm wh this person and ti		
Signatory Level Full Access Delegate	Man Oak			Signatory Level	Full Access	Delegat

Signatory Level	Full Access	Delegate				Signatory Level	Full Access	Delegate			
	User	Access User	View Only	No Acc	ess	e.g	User	Access User	View Only	No Acc	ess
Full	\boxtimes			\boxtimes		Full	\boxtimes			\boxtimes	
imited		\square		\boxtimes		Limited		\square		\boxtimes	
Non-Signatory		\square		\square		Non-Signatory		\square		\boxtimes	
Vill the person yo	ou're adding re	quire a Business	Debit Card?	Yes	No	Will the person yo	ou're adding re	equire a Business	Debit Card?	Yes	No
eventh add		o add				Eighth addit		o add			
ole in the Busine	ess/Organisatio	n				Role in the Busine	ess/Organisatio	on			
Vill the person yo Beneficial Owner/		pe a		Yes	No	Will the person yo Beneficial Owner,	ou are adding /Shareholder?	be a		Yes	No
f yes , percentage	e of ownership				%	lf yes , percentage	e of ownership				%
	/hat level of signing authority should the Full ew person you're adding be given?		Limited	None	What level of signing authority should the Full new person you're adding be given?				Limited	Non	
Vill the person yo nternet banking a		quire		Yes	No	Will the person you're adding require internet banking access?				Yes	No
Please confirm wh his person and ti			Banking you w	ould like to	o give	Please confirm wl this person and ti			Banking you w	ould like to	o give
Signatory Level	Full Access User	Delegate Access User	View Only	No Acc	ess	Signatory Level	Full Access User	Delegate Access User	View Only	No Acc	ess
Full	\square			\square		Full	\square			\square	

Non-Signatory			\square		
Will the person yo	Yes	No			

Limited

Signatory Level	Full Access User	Delegate Access User	View Only	No Acce	ess
Full	\square				
Limited					
Non-Signatory		\square	\boxtimes		
Will the person you're adding require a Business Debit Card? Yes No					

continued

No

%

No

Limited None

Yes

Yes

Full

Declaration of your signatories

Important: Please make sure that this section is signed by one of the Full Signatories that have signed the Authority or Variation Declaration.

This form accepts the insertion of Adobe signatures. If your PDF reader does not support Adobe signatures, please use the draw tool or equivalent to enter your signature in the signature field.

First signatory

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Full name of individual filling in the Authority or Variation	Signature			
	Date			
6 Returning this form				

Please ensure this form is included with the relevant Authority or Variation form when returning to us.

Please make sure all relevant individuals complete their "Your Key People" form.

Once we receive it, we'll contact you about the status of the Authority/Variation using any of the contact details you have given to us on that form.

To help protect you and keep you safe online, please only send what is required and check you have the correct email address to which you are sending details.