

If access is to be changed on more than one business, please complete **separate forms** for each business.

Please write clearly in the white spaces with capital letters or cross the boxes.

1 Your business details

Please write clearly in ink in the white spaces using capital letters or cross the boxes.

Name of Business/Organisation

Business address

Postcode

Your branch sort code

Your business account number

2 Details of the new user to be registered

Title

Mobile telephone number

First name

Email

Last name

Position held in the business

Date of birth

3 Amend User access

3.1 User role

You can grant a level of access to a user based on your requirements. Users can be one of the following roles:

Full Access (Signatory) – user has full access to the service including making payments and applying for products and services online.

Full Access (Delegate) – user has full access to the service including payments and apply for Text Alerts (but excluding ability to apply for other products and services online).

View only – user can only view accounts and cannot make payments online.

Please indicate the new level of access for the user:

Full Access (Signatory)

Full Access (Delegate)

View only

Please note: The Full Access (Signatory) role is reserved for users who are also signatories on the business mandate. In processing this request, we reserve the right to change the level of access appropriate to the user's relationship to the business or organisation. For example, if a user is not a signatory on the account we may change their level of access to that of full delegate.

3.2 Business account access

Do you require the user to have access to all of your accounts?

Yes

No

If **yes** the user will be able to access **all existing and newly opened accounts**.

If **no** please list all accounts you want the user to have access to, in the table below.

Account	Branch sort code	Account number
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

Account	Branch sort code	Account number
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>

If you require to list more accounts, please could you complete another form, attaching any additional forms and filling in the sheet number:

Sheet of

4 Remove User access

Remove access to all accounts for the user stated in section 2?

Yes

No

Remove account access for all users?

Yes

No

If **yes** all users will have their online banking access cancelled.

5 Business Customer authorisation

If you have previously signed a "Your Authority to Operate Account(s)" form, in section 3 you will have told us your instructions for parties signing on behalf of your business. Please sign this variation application form in accordance with these instructions. For example you may have selected **any two** to sign, if this is the case please have two Full Power signatories complete and sign below.

If you have not signed a "Your Authority to Operate Account(s)" form, then we may ask you to do so to complete this request, however as a minimum please sign this variation application form in accordance with the rules stated.

I/we have read and understood the **Terms and Conditions** for TSB Business Internet Banking and Bulk Payments. If you wish to read the terms and conditions please use the following link <https://www.tsb.co.uk/business/legal>

First authorised signatory

Signature

Date

Full name (please print)

Third authorised signatory (if applicable)

Signature

Date

Full name (please print)

Second authorised signatory (if applicable)

Signature

Date

Full name (please print)

Fourth authorised signatory (if applicable)

Signature

Date

Full name (please print)

6 The next steps

Please return the completed form to the following address making sure all additional forms are securely attached:

TSB Bank, Ariel House, 2138 Coventry Road, Sheldon,
Birmingham, B26 3JW, TNT 05

We will then check the details and send you a letter confirming that your request has been completed.

For bank use only

Relationship Manager/Authorisation bank staff details

Relationship Manager/Staff member's full name

Telephone number and area dialling code

Relationship Manager/Staff member's signature

Date

Branch/Business Centre stamp

Document Classification: Confidential when completed.

Storage: Secure storage.

Retention Period: Six years after account closure.