

Internet user variation request



Bank of Scotland Business Internet Banking

Please use this form if you would like to change or remove an **existing Business Internet Banking user's** access to Internet Banking. Particularly where the user is leaving the business and no longer requires access to the business's accounts. If access is to be changed on more than one business, please complete **separate forms** for each business.

Please complete all mandatory fields marked with a * and write clearly in the white spaces in capital letters.

1 Business details

| | |
|----------------------|---|
| Business name* | Business address* |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| Your full name* | Postcode |
| <input type="text"/> | <input type="text"/> |
| | Your contact numbers and area dialling codes* |
| | Telephone |
| | <input type="text"/> |
| | Mobile |
| | <input type="text"/> |
| | Fax |
| | <input type="text"/> |

2 User details

Please provide the details below for the User. **(Please note: this user must be registered for Business Internet Banking for the business stated in section 1.)**

Full name of the User whose access is to be varied*

User ID of the User whose access is to be varied*

Please note: A variation request form must be completed for each user whose access level is being varied. If you'd like to remove online banking access for all users, please use Section 4 of this form.

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 note: We recommend that users should only be given access to those accounts where they have a genuine/specific need

Please indicate the new level of access for the user:

| | | |
|---|---|------------------------------------|
| Full Access (Signatory) <input checked="" type="checkbox"/> | Full Access (Delegate) <input type="checkbox"/> | View only <input type="checkbox"/> |
|---|---|------------------------------------|

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

Please complete this section with account details for the Business detailed in Section 1. **Please note** - a separate application is required for each individual business.

Do you require the user to have access to all of your accounts, including charge card 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 | Account | Branch sort code | Account number |
|---------|----------------------|----------------------|---------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | 5 | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | 6 | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | 7 | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | 8 | <input type="text"/> | <input type="text"/> |

Charge card account number

Note: This is the 16-digit charge card account number, which can be found on your paper statement. This is not the number on the front of your card

| | | | |
|---|----------------------|----|----------------------|
| 9 | <input type="text"/> | 10 | <input type="text"/> |
|---|----------------------|----|----------------------|

4

Remove User access

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

Yes

No

If access is to be removed from all accounts or account access is to be removed for all users, please state the corresponding sort code and account number or card details if charge card:

Sort code*

Account number*

Remove account access for all users?

Yes

No

If Yes all users will have their internet banking access cancelled.

Charge card account number* (Note: This is the 16-digit charge card account number, which can be found on your paper statement. This is not the number on the front of your card.)

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 Bank of Scotland Business Internet Banking and Bulk Payments. If you wish to read the terms and conditions please use the following link www.bankofscotland.co.uk/bibterms/

First authorised signatory

Your full name*

Your signature*

Date

Third authorised signatory (if applicable)

Your full name*

Your signature*

Date

Second authorised signatory (if applicable)

Your full name*

Your signature*

Date

Fourth authorised signatory (if applicable)

Your full name*

Your signature*

Date

6

The next steps

Please Sign Section 7 of this form as per the instructions presented in that section. Then return the completed form to the following address making sure any additional forms are securely attached:

Bank of Scotland, Online Helpdesk, PO Box 800, Tredegar Park, Newport, South Wales NP10 8SB.

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

For bank use only

Relationship manager/Authorised 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

Please fax completed form to Internet Banking Centre in Newport: 01633 810662

Document Classification: Confidential when completed.

Storage: Secure storage.

Retention Period: Six years after account closure.

Signing the form

Signatories for the applicant/business should sign the form in accordance with the mandate held by the bank. For those businesses holding an account level mandate only, the following are the minimum requirements for the correct signing of the form for each type of organisation.

- **Sole Trader:** The individual should sign the form stating their designation.
- **Partnership:** ALL PARTNERS must sign the form. (A separate schedule may be used where there is insufficient room for all partners to sign the form.)
- **Limited Liability Partnership:** Two Members should sign.
- **Company (including a Company limited by guarantee):** Two Directors, a Director and the Company Secretary or a director in the presence of a witness should sign. If a witness signs, they must also provide details of their address. Please also ensure that the Company Number is noted on the form, and that the Certificate in Section 7 is also completed.
- **Clubs, Associations, Societies, Groups, Religious Organisations and Local Authority Schools:** Where governed by statute, the statutory provisions will require to be followed. In all other cases, the Secretary, treasurer, headmaster / headmistress and such other persons who have been authorised to complete and sign this Application. The persons must be authorised to sign in accordance with the provision (statutory and otherwise) governing activities of the applicant/business.
- **Building Societies, Friendly Societies, Industrial & Provident Societies:** A Member/Director of the Governing Board or the Secretary, unless there is delegated authority to an authorised signatory.
- **Public Self Governing Schools:** The parties who are identified by an Extract Minute of the Governing Board of the school, which should confirm the parties entitled to sign the Application.
- **Local Authority Schools in Scotland:** Headmaster or signatory under authority of the Officers of the School Board.
- **Local Authority Schools in England:** The parties who are identified by an Extract Minute of the Governing Board of the School as the parties who are entitled to sign the Application.
- **Higher and Further Education Colleges:** The parties who are identified by an Extract Minute from the College Council as the parties who are entitled to sign the Application.
- **Charities (other than Charitable Trusts):** if incorporated, i.e. a company - by a Director or the Company Secretary; if not incorporated - by the parties who are identified by a Minute of a meeting of the Committee Members as being the parties who are entitled to sign the Application.
- **Universities:** By the authorised signatories, as stipulated in an Extract Minute of the University Court / supreme governing body.
- **Trusts (including Charitable Trusts):** All trustees should sign the Application.

CERTIFICATE (to be signed and dated in the case of companies, partnerships, limited liability partnerships, corporate bodies and associations)

I certify that at a properly convened meeting of the [board of the company] / [board of the organisation] / [partners] / [members] / [officeholders] (**delete those that do not apply**) of the Customer it has been validly resolved that the Customer execute this mandate and that the persons named above be authorised to sign this mandate on behalf of the Customer.

I confirm that the signatures of the above persons are correct.

Signature*

| |
|------|
| |
| Date |

Position*

| |
|--|
| |
|--|

This Certificate should be signed as follows:

- **Limited Companies:** a director or the company secretary must sign and print his/her name and position.
- **Partnerships:** a partner must sign and print his/her name and position.
- **Limited Liability Partnerships:** a member must sign and print his/her name and position.
- **Corporate Bodies:** the secretary of the organisation (or equivalent office holder) must sign and print his/her name and position.