

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.

- 1 Complete all relevant sections in the form and write clearly in CAPITAL LETTERS.
- 2

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.
- 3 Ensure Companies House/Charities Commission and your organisation's governing document has been updated to reflect any changes before submitting the form.
- 4 Please send us the most up to date governing document/rule book or partnership agreement whichever is relevant to your organisation.
- 5 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.
- 8) 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.

Sort code	Account number	Account Name
☐ I understand that the changes being requested, will also apply to all the accounts in the same business name that share the same signing authority.		

This section **MUST** be fully completed to make sure that no key details have changed on your account. Even if you aren't changing your key contact, please complete this section so that we can verify that all our relevant contact information for your account/s remains up to date.

Key contact

This is the name of the person in your business to which all communication and statements for this account or accounts will be sent.

Title	
First name	
Middle name(s)	
Surname	
Position	
Telephone number	
Mobile number	
Please include your email address (if you are completing a digital version of this form, please email the completed form to changeofsignatories@co-operativebank.co.uk in a PDF format)	

Correspondence address – carefully consider where statements are sent to as you may be at an increased risk of fraud if they are sent to an official's personal address rather than a business address.

Name/Number
Street
Town/City
County
Postcode

Section 1 Your details

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 ☐ No ☐

Was your business established or is it resident for tax, outside the UK? Yes ☐ No ☐

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 post ☐ by telephone ☐ by email ☐ 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 list of third parties.)

Please tick if you consent to this: ☐

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.

Title	First name (in full)	Middle name(s)
Surname		
Any other names(s) you have been known as during the last six years:		
Date of birth	Nationality/Nationalities	
day month year		
Position within business		
Telephone number		
Mobile number - If you request a debit card, you MUST provide a UK mobile number to enable you to use your card online. If you are looking to use online banking we need you to provide both your mobile number and email address.		
Email address. You will need to provide this to enable access to online banking		

Current home address

Home/Flat name/number	Street
Town/City	
	Postcode
How long have you lived at this address? Years Months	

We must capture all addresses within the past three years.
If you have lived at any other addresses in the past three years, please provide details below. Please attach supplementary address information separately if required.

Home/Flat name/number	Street
Town/City	
	Postcode
How long have you lived at this address? Years Months	

PLEASE ENSURE THAT YOU ALSO COMPLETE THE NEXT PAGE IN FULL AND SIGN WHERE INDICATED. IT WILL CAUSE YOUR REQUEST TO BE DELAYED IF YOU DON'T DO THIS.

If you are completing a photocopied page, please insert the first sort code and account number listed on page 3 here:

Sort code	Account number

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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: this section **MUST** be completed by **ALL** signatories/authorised users being **REMOVED** from the account. By signing below you agree to be removed as a signatory/authorised user from the account listed in Section 1.

Title	First name	Signature 
Surname		
Position		

Title	First name	Signature 
Surname		
Position		

Title	First name	Signature 
Surname		
Position		

Title	First name	Signature 
Surname		
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

Street

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 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.

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/Nationalities
	day month year	
Position within business		
Telephone number	Mobile number	
Home/Flat name/number	Street	
Town/City		
Post code		
How long have you lived at this address?		Years
		Months

We must capture all addresses within the past three years.
If you have lived at any other addresses in the past three years, please provide details below. Please attach supplementary address information separately if required.

Home/Flat name/number

Street

Town/City

Post code

How long have you lived at this address? Years Months

Individual’s shareholding/stakeholding/voting right percentage
(the percentage means the proportion of the business owned by the individual.) %

Are these shares being held by a nominee? Yes ☐ No ☐

If yes, please provide full details of actual (beneficial) shareholders (name, address, date of birth, nationalities):

Who do you hold your main personal bank account with?

Please quote your branch sort code and account number

Branch sort code

Account number

Do you already hold a Co-operative Bank account (personal and/or business)? If so, please complete your sort code and account number in order for us to keep our records up to date:

Branch sort code

Account number

Are you a UK Resident for Tax purposes? Yes can include retired people, children and anyone who would be liable to pay tax in the UK if they had enough income. If you are unsure of your UK tax residence status, please refer to the government website: www.gov.uk/tax-foreign-income/residence

Yes ☐ No ☐

Are you a United States (US) Citizen?
If ‘Yes’, add your Tax Identification Number here

The term US Citizen means: An individual born in the United States, an individual whose parent is a United States citizen, a former foreign national who has been naturalized as a United States citizen, or an individual born in Puerto Rico, Guam or United States Virgin Islands.

Yes ☐ No ☐

Are you resident outside the UK for Tax purposes? If ‘Yes’ complete the details of your Tax residencies and associated references below:

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 (this includes TIN, a National Insurance Number (Jersey, Guernsey or IoM), a social security number or a resident registration number).

Your consent

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search, and make other enquiries the Bank believes necessary to confirm the details on this application form and for credit assessment. 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 to prevent further fraud and money laundering. You undertake to inform all Directors of this notice.

It is important that you read and understand the ‘Important Information’ section in the application form and the ‘Using Your Personal Information’ notice provided with your terms and conditions when the account was opened. Copies of these are available on our website.

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 records are found by searches.)

Signature

Date

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 more) shareholding/stakeholding/
voting right

Business/organisation name	Business / organisation shareholding / stakeholding / voting right percentage (this means the proportion of the business owned by another business / organisation)
	%
Company registration number	

Principal personnel of above named business/organisation or individual with 10% (or more) shareholding/stakeholding/voting right (other than those specified in part B)

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/Nationalities	
daymonthyear		
Position within business		
Telephone number	Mobile number	

Home/Flat name/number

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, please provide details below. Please attach supplementary address information separately if required.

Home/Flat name/number

Street

Town/City

How long have you lived at this address?

Years

Months

Postcode

How long have you lived at this address?

Years

Months

Individual’s shareholding/stakeholding/voting right percentage
(the percentage means the proportion of the business owned by the individual.)

%

Are these shares being held by a nominee? Yes ☐ No ☐

If yes, please provide full details of actual (beneficial) shareholders (name, address, date of birth, nationalities):

Your consent

I authorise the Bank to search the files of one or more credit reference agencies, who will keep a record of that search, and make other enquiries the Bank believes necessary to confirm the details on this application form and for credit assessment. 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 to prevent further fraud and money laundering. You undertake to inform all Directors of this notice.
It is important that you read and understand the ‘Important Information’ section in the application form and the ‘Using Your Personal Information’ notice provided with your terms and conditions.
By signing below you agree that we can use your information in this way.

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 before signing, including the required level of account access requested for each individual.

Name

Position in Company

Signature

Date

Name

Position in Company

Signature

Date

Name

Position in Company

Signature

Date

Name

Position in Company

Signature

Date

Name

Position in Company

Signature

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Date

Name

Position in Company

Signature

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Date

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Position in Company

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Date

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Position in Company

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Date

Name

Position in Company

Signature

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Date

Name

Position in Company

Signature

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Date

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 (Company No: 990937).

*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.



We like our communications to have an impact on you – but not on the environment. This product is made of material from well-managed, FSC®-certified forests and other controlled sources.