Variation Request

VARIATION REQUEST

Personal Internet and Telephone Banking

BANK OF SCOTLAND

Guidance Notes for Completion

Completion Instructions

Please complete all sections on the form in block capitals or ☑ where appropriate. Please return the completed form to:

Bank of Scotland, Team ITB, Ground Floor, Teviot House,
41 South Gyle Crescent, Edinburgh, EH12 0BR

If any of your accounts are held with Bank of Scotland International in either Jersey or Isle of Man please return this form to:

PO Box 19, Evergreen House, 43 Circular Road,
Douglas, Isle of Man, IM99 1AT

Final Checklist

Before returning this form, please check that:

- ☐ You have fully completed all sections of the form
- ☐ The form has been signed

Thank you for your Variation Request.

Internet and Telephone Banking Variation Request

Before making an application, please ensure that you have read and agreed to the Customer Declaration and Data Protection Act Declaration above the signature box on this application.

Your Details

Title: Mr/Mrs/Miss/Ms/Other

Surname

First name(s)

Address

Postcode

Home Telephone Number

Daytime Telephone Number

E-Mail address

Details of amendments to Accounts to be accessed via the Service

Sterling Accounts

* Delete as appropriate

	Sort Code	and	**Account Number**	And/or	**Roll Number**	Account Type (**P**=Personal)
Add/Delete* Account 1					/ -	P
Add/Delete* Account 2					/ -	
Add/Delete* Account 3					/ -	
Add/Delete* Account 4					/ -	
Add/Delete* Account 5					/ -	
Add/Delete* Account 6					/ -	
Add/Delete* Account 7					/ -	
Add/Delete* Account 8					/ -	
Add/Delete* Account 9					/ -	
Add/Delete* Account 10					/ -	

Credit Cards

	Credit Card Number	Account Type (**P**=Personal) P
Add/Delete* Card 1		
Add/Delete* Card 2		
Add/Delete* Card 3		
Add/Delete* Card 4		

Currency Accounts

	Account Number	Account Type (**P**=Personal) P
Add/Delete* Account 1		
Add/Delete* Account 2		
Add/Delete* Account 3		
Add/Delete* Account 4		
e.g.	1 2 3 4 5 U S D 0 1	

Customer Declaration

Mandates

Words and expressions defined in the Terms and Conditions of the Internet Banking Service set out after my/our Application ("the Internet Banking Terms and Conditions") have, when used in this Declaration and Mandate, the same meanings as they have in the Internet Banking Terms and Conditions.

I/We request that you implement the variations set out above in relation to the Service.

I/We acknowledge my/our liability as account holder for any overdraft together with interest, charges and expenses.

I/We hereby indemnify the Bank, keep it free and hold it harmless from and against all and any charges, claims, costs, damages, demands, expenses, liability or loss ("Claims") which may be raised against it and/or incurred by it as a result of it so acting provided that such Claims do not arise from the negligence or wilful default of the Bank, its servants or agents.

These authorities will subsist until (and to the extent) recalled in writing.

Data Protection Act Declaration

By signing this document

- I understand that all my personal data will be treated confidentially.
- I agree that any memorable data provided will only be processed in order to provide for administration of the service requested and to verify and safeguard account information.
- I authorise you to search and record information at Credit Reference Agencies for the purpose of checking my identity for the prevention of money laundering and fraud.

Please sign this form

Signed _____ Date _____

Print Name _____

Internet and Telephone Banking Nominated User Form - You must be entitled to disclose personal information

Completion Instructions

* *Carefully read the Internet Banking Terms and Conditions*
* *Complete all white sections of the form in block capitals or delete as appropriate*

Please only complete this form if you wish to nominate an additional user to access your account. Before completing this form, please ensure that you have read and agreed to the Data Protection Act Declaration and the Customer Declaration above the signature box on this form.

BANK USE ONLY

CIF ID

Return the completed form to ***Bank of Scotland, Team ITB, FREEPOST, Ground Floor, Teviot House, 41 South Gyle Crescent, Edinburgh, EH12 0BR***
If any of your accounts are held with Bank of Scotland International in either Jersey or Isle of Man please return this form to ***PO Box 19, Evergreen House, 43 Circular Road, Douglas, Isle of Man, IM99 1AT***

Details of Account Holder

Name

Address

Postcode

Details of Nominated User

Title (Mr/Mrs/Miss/Ms/Other)

Full Name

Nationality

Country of Residence

Home Address

Postcode

Previous Address (please complete if you have lived at your home address for less than 3 years)

Postcode

Existing Bank of Scotland/Halifax connection?

Sort Code: Account No./Roll No.

Additional Personal Information to enable us to verify and safeguard account information

Date of Birth

Date: Month: Year:

Place of Birth

Mother's Maiden Surname

Name of First School Attended

Declarations

Data Protection Act Declaration

By signing this document

- I understand that all my personal data will be treated confidentially.
- I agree that any memorable data provided will only be processed in order to provide for administration of the service requested and to verify and safeguard account information.
- I authorise you to search and record information at Credit Reference agencies for the purpose of checking my identity for the prevention of money laundering and fraud.

Customer Declaration

Words and expressions defined in the Internet Banking Terms and Conditions set out after this Application Form have, when used in this Declaration and Mandate, the same meaning as they have in the Internet Banking Terms and Conditions.

I have read and accept the Internet Banking Terms and Conditions.
I confirm that the information given on this form is true, accurate and complete.
I wish to use the Service detailed above.

Please sign this form

Signed

Date

Please photocopy and continue on a separate sheet if necessary

Would you like more information?

For more information please telephone us on:

0845 306 0020†

(Lines are open 24 hours a day, 7 days a week)

You can also find us at:

www.bankofscotland.co.uk

†Telephone calls may be recorded for security purposes and may be monitored under our quality control procedures.Calls from a BT landline will cost a maximum of 4p per minute. The cost of calls from other phone providers may vary. Correct at time of printing.

We are committed to meeting the needs of all our customers. If you have a hearing or speech impairment, you can use Typetalk whenever you contact us, or contact us using Textphone on 08457 626 993 (lines open 9am - 5pm, 7 days a week). For visually impaired customers, we can provide documents in large print, Braille or on audio cassette. Please speak to your Relationship Manager.

For Bank Use Only:

Date Application received	
Verification Procedure complete	
Main CIF ID	
2nd CIF ID	
3rd CIF ID	
4th CIF ID	
Branch Contact	
Branch Telephone Number	

Place Branch Stamp in space below

BANK OF SCOTLAND