

# Change of Address Business Customers



**Please note** – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys. Please complete in BLOCK CAPITALS.

## 1. Account details

Account name \_\_\_\_\_ Account number

Account holding branch \_\_\_\_\_ Sort code

This amendment is to take effect immediately  **OR** With effect from (DD/MM/YYYY)

Please amend the address for: All business accounts  **OR** The following additional accounts

### Sterling Accounts

Account number	Sort code	Account number	Sort code	Account number	Sort code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Currency Accounts

Account number	Sort code	Account number	Sort code	Account number	Sort code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit/currency charge card number(s)

Mortgage number(s)

## 2. New address details – Principal business address/trading address, including country if overseas

Mailing name

Flat number

Address line 1

Address line 2

Address line 3

Address line 4/OR Overseas country

Post code

## 3. Mailing address for statements and correspondence including country if overseas – only complete if different from principal address in section 2. Please note regulatory mailings and Plastic Cards will always be sent to the principal address.

Mailing name

Flat number

Address line 1

Address line 2

Address line 3

Address line 4/OR Overseas country

Post code

**4. Contact details** – This information will be used as the main contact details for the account

Contact name:

Job title:

Telephone number:

Fax number:

Mobile number:

Email Address:

**5. Confirmation** – To be signed in accordance with the Bank Account Mandate/Signing Instructions

Customer signature(s)

Name (in full) \_\_\_\_\_

Customer signature(s)

Name (in full) \_\_\_\_\_

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

**For Branch or Relationship Manager Team use only**

In all circumstances please complete the form in full and send on to your CSC.

**Where the customer has NatWest Credit Cards, a photocopy of this form must be sent to:  
Customer Contact Centre, 2nd Floor, Credit Card Centre, Southend-on-Sea, Depot code 028**

Is the customer relationship managed?

Yes

No

**I confirm the customer has been identified and the signature matches ISV**

Staff signature:

Staff name (Printed & ISV No.) \_\_\_\_\_

Location \_\_\_\_\_

Contact number \_\_\_\_\_