

## **>>**

## Change of authorised signatory form

must be signed by an existing authorised signatory.

Complete relevant sections below to update your authorised signatory. Please note that, in all cases, Section E

<b>Phone</b> – if you bank with Barclays, and the individual you would like to add is registered on your Barclays bank mandate, you can contact our Customer Services team on 0800 008 008 to complete the change instantly over the phone	
<b>Email</b> – you can scan and email the completed form from your business email domain to bpmscustomercorrespondence@barclaycard.co.uk	
Post – you can post the completed form to Barclaycard Commercial, PO Box 4000, Wigston, LE18 9EN	
For email and postal changes the update will be completed within three working days of receipt of request	
A) Business details – mandatory	
Company name	
Company address	
	Postcode
16-digit company reference number	Company telephone number
B) Add authorised signatories	
Please complete to add new authorised signatories who verto administer and add new cardholders.	vill have full access to the company account and be able
Title Mr Mrs Miss Other	Title Mr Mrs Miss Other
Full first name and initials	Full first name and initials
Surname	Surname
Please provide the 16-digit account number for any additional accounts that require the same update	Please provide the 16-digit account number for any additional accounts that require the same update
C) Change of company representative/business contact  Please complete if you wish to change your company representative who will receive company statements and correspondence and will administer the account. This form does not authorise this person to add new cardholders unless they are already an authorised signatory.	D) Removal of authorised signatory Please list any authorised signatories that need to be removed from your account.  Title Mr Mrs Miss Ms Other  Full first name and initials
Title Mr Mrs Miss Ms Other	Surname
Full first name and initials	Please provide the 16-digit account number for any additional
	accounts that require the same update
Surname	De very also associate associate and association?
Email	Do you also require card cancellation? If yes, please provide the 16-digit card number Yes No
Please provide the 16-digit account number for any additional accounts that require the same update	
E) Authorisation – this section must be signed by an existing authorised signatory on your account	
Title Mr Mrs Miss Ms Other	
Full first name and initials	
Surname	
	Date / / / / / / / / / / / / / / / / / / /