




Change of authorised signatory form

Complete relevant sections below to update your authorised signatory. Please note that, in all cases, **Section E** must be signed by an existing authorised signatory.

-  **Phone** – 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
-  **Email** – you can scan and email the completed form from your business email domain to **barclaycardcontact@barclays.com**
-  **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 <input style="width: 95%;" type="text"/>	
Company address <input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	Postcode <input style="width: 95%;" type="text"/>
16-digit company reference number <input style="width: 95%;" type="text"/>	Company telephone number <input style="width: 95%;" type="text"/>

B) Add authorised signatories

Please complete to add new authorised signatories who will have full access to the company account and be able to administer and add new cardholders.

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>
Full first name and initials <input style="width: 95%;" type="text"/>
Surname <input style="width: 95%;" type="text"/>
Please provide the 16-digit account number for any additional accounts that require the same update <input style="width: 95%;" type="text"/>

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>
Full first name and initials <input style="width: 95%;" type="text"/>
Surname <input style="width: 95%;" type="text"/>
Please provide the 16-digit account number for any additional accounts that require the same update <input style="width: 95%;" type="text"/>

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.

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>
Full first name and initials <input style="width: 95%;" type="text"/>
Surname <input style="width: 95%;" type="text"/>
Email <input style="width: 95%;" type="text"/>
Please provide the 16-digit account number for any additional accounts that require the same update <input style="width: 95%;" type="text"/>

D) Removal of authorised signatory

Please list any authorised signatories that need to be removed from your account.

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>
Full first name and initials <input style="width: 95%;" type="text"/>
Surname <input style="width: 95%;" type="text"/>
Please provide the 16-digit account number for any additional accounts that require the same update <input style="width: 95%;" type="text"/>
Do you also require card cancellation? If yes, please provide the 16-digit card number Yes <input type="checkbox"/> No <input type="checkbox"/>

E) Authorisation – this section must be signed by an existing authorised signatory on your account

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>
Full first name and initials <input style="width: 95%;" type="text"/>
Surname <input style="width: 95%;" type="text"/>

<input style="width: 95%; height: 100%;" type="text"/>
Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>