# Nationwide Business Savings Change of Business Details Form

Nationwide Building Society

Please use this form if you'd like to change your business/organisation registered name and/or registered address or correspondence address. You'll need to provide us with at least 5 days' notice of your change and we may need to ask for evidence. The change will only be made effective once we have what we need. Once you've completed and signed the form, just email us a PDF copy to **BusSav.Ops@nationwide.co.uk**, or post the original to us at **FREEPOST NATIONWIDE BUSINESS SAVINGS TEAM** (no further address details are needed, just write the address in CAPITAL LETTERS). If you've got any questions, or would like to know what evidence may be required, please contact us on 0800 66 55 11. We're here to help Monday to Friday, from 9am to 5pm, except bank holidays.

## Step 1: Existing account holder details

**Your business/ organisation name:**

**Existing account number (last 4 digits only):** * * * *

## Step 2: Change of Business or Organisation Name

Please only complete this section if you'd like to change your business or organisation's **registered name**. If you're not changing your registered name, please leave this section blank.

**New registered name for the business or organisation**

Business/Organisation registered name:

Effective date: D D M M Y Y Y Y

## Step 3: Change of Business or Organisation Address

**Step 3a.**

Please only complete this section if you'd like to change your business or organisation's **registered address**. If you're not changing your registered address, please leave this section blank.

**New registered address for the business or organisation**

Business/Organisation registered address:

Number or name

Address 1

Address 2

Town/City

Postcode

Country

Effective date: D D M M Y Y Y Y

**Step 3b.**

Please only complete this section if you'd like to change your business or organisation's **correspondence address**. If you're changing your correspondence address, this will be the only postal address we'll use to communicate with you. If you're not changing your correspondence address, please leave this section blank.

**New correspondence address for the business or organisation**

Business/Organisation correspondence address:

Number or name

Address 1

Address 2

Town/City

Postcode

Country

Effective date: D D M M Y Y Y Y

## Step 4: Signatures

Please sign this form in line with your existing account mandate. If you have more than four authorised signatories, please print another copy of this form.
I/We the authorised signatories give our authority for our business details to be changed as indicated above.

| | First Authorised Signatory | Second Authorised Signatory | Third Authorised Signatory | Fourth Authorised Signatory |
|---|---|---|---|---|
| Name: | | | | |
| Signed: | | | | |

Date: D D M M Y Y Y Y

## FOR OFFICE USE ONLY

| TYPE | SIGNATURES | | MANDATE | | KEYED BY | CHECKED BY | DATE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |