|  |  |  |  |
| --- | --- | --- | --- |
| CHANGE OF ADDRESS FORM | | | |
| Corporate Number: |  | Full Corporate Member Name: |  |
| Member Number: |  | Full Member Name |  |
| Third Party Owner Name (if applicable) | |  | |
| Home/Registered Address: | | Correspondence Address:  (contact name if applicable) | |
| County/State: | | County/State: | |
| Post Code: | | Post Code: | |
| Country | | Country | |
| Telephone Number: | | Telephone Number: | |
| E-Mail Address: | | E-Mail Address: | |

|  |
| --- |
| Date effective from: |

|  |  |
| --- | --- |
| **Signature - Member/Director/Partner/Third Party Owner:**  **ORIGINAL SIGNATURE REQUIRED** | **Print Full Name:** |
| **Members’ Agent Authorised Signature:**  **ORIGINAL SIGNATURE REQUIRED** | **Print Full Name:** |
| **Date:** |  |

**AGENT PLEASE RETURN TO: Lloyd’s, Member Services, Business Operations Team, Fidentia House, Walter Burke Way, Chatham Kent ME4 4RN**  
Email: [Business-operations@lloyds.com](mailto:Business-operations@lloyds.com) [www.lloyds.com](http://www.lloyds.com)

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