**TO BE COMPLETED FOR ALL NEW PAYEES AND FOR ANY CHANGES TO AN EXISTING PAYEE’S DETAILS**

A new payee / supplier Changes to an existing payee/supplier

X

|  |  |
| --- | --- |
| Company Name/Payee | GHS Recycling LTd |
| Address | 32 Ackworth Road,Shawcross Ind Park,Portsmouth,PO3 5JP, |
| Contact Name / Telephone No. | 02392 670399 |
| VAT Number(if applicable) | GB381099829 |
| e-mail addressfor remittance advices | info@ghsrecycling.co.uk |

|  |  |
| --- | --- |
| **BANK DETAILS:** |  |
| Name of bank and branch | Lloyds Bank |
| Sort Code | 30 96 11 |
| Account Number | 03440094 |
| Account Name | GHS RECYCLING LTD |

**Approved by HoD …………………………………………………………… Date ……………………………………**