

# PASSWORD REQUEST FORM

This form is to be completed in the event that you are unable to access VW Bank Online Services due to your access being withdrawn by password failure. Please provide all information as requested in the following boxes prior to printing. Once Complete, please fax to **01908 549164** or scan then email [bsoperationsteam@vwbank.co.uk](mailto:bsoperationsteam@vwbank.co.uk)

Once completed, please sign this form and forward to:

**Banking Services Operations  
Volkswagen Bank GmbH UK Branch  
Brunswick Court  
Yeomans Drive  
Blakelands  
Milton Keynes  
MK14 5LR**

Dealer Name

Dealer Number

User

Title Mr/Mrs/Ms		First Name	
Position		Surname	
DOB		Email Address	
User ID		Date	
User Signature			

## AUTHORISED SIGNATORY

An accepted authorised signatory will be that of a **Director/Company Secretary**.

Print Name	
Position	
Signature	
Date	