

Change of Personal Details Form

Your personal details			
Account number:			
Name(s) in full:			
Marital status:		Email:	
Home Telephone:		Mobile:	

Change of Name	
Your new personal details	
Previous name:	
Previous signature:	
Name changed to:	
New signature:	

Reason for name change (Please mark X in ONE box to indicate the reason for your name change and provide the documentation)	
CHANGE	DOCUMENTATION REQUIRED
<input type="checkbox"/> Marriage / Civil Partnership	Marriage / Civil Partnership certificate
<input type="checkbox"/> Divorce / Dissolved Civil Partnership	Decree Absolute / Dissolution Order
<input type="checkbox"/> Deed Poll / Statutory Declaration	Deed Poll / Statutory Declaration

Change of Address	
Your new address	
Address:	
Post code:	

We require one of the following as evidence of your address change (Original or Certified copy required).

<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Council Tax Bill
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I confirm that the information I have provided in this form is correct.

Signature:		Date:	
Signature:		Date:	