

Change of address and/or correspondence address

Please read this form carefully and complete in CAPITALS the appropriate sections that are marked in grey.

NAMES OF CUSTOMER(S) Please list the names of those customers who require their addresses amended.
Please note that we will need authorization for each individual account from the appropriate account holders.

	Title	Forename(s)	Surname	Date of Birth	Cust. No. (Office Use)
Account Holder 1					
Account Holder 2					
Other Holders resident at the same address					

ACCOUNTS TO BE AMENDED Please list the individual accounts to be amended below

Savings Accounts	
Mortgage Accounts	

ADDRESSES

Please provide the old and new postal address including postcode.

Old Address	New Address Date effective from (Present or future date only): New Home Telephone Number :
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Will the customers detailed on this form be :

Living at the above new address ☐ Remaining at their current address but with all correspondence sent to the above new address ☐

If you do not wish to receive information about our services by post, telephone or electronic means, please tick below.
Please note, statements and other notices we are obliged by law to send will continue to be sent to you.

Post ☐ Phone ☐ Electronic Means ☐

Please tick here if any of the above customers are registered with our 'My Accounts' online services ☐

If any account holder residential address is in an EU Member State (other than the UK) then please provide Tax Identification Number(s) or, if one has not been issued, the place(s) of birth. For addresses in overseas territories of EU Member States, only the place(s) of birth need be provided.
In either case documentary evidence will be required.

Tax Identification Number

Town and Country of Birth

Holder 1		
Holder 2		
Other Holders		

Signed:..... Date:

Signed: Date:

Office Use					
Signature Checked:	Date:	ID taken:	Date:		
System Updated :	Date:	Output Checked :	Date:		
MYACs User Id:		MYAC Updated :	Date:	Passbook Updated:	Date:
Notes :					