

# Change of Member Details



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Please complete the following in **BLOCK CAPITALS**

Membership No: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

## Please change my name to:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Old Signature: \_\_\_\_\_

New Signature: \_\_\_\_\_

**Note:** Change of signature means that the passbook also needs to be changed - please forward it with this form. Supporting information may be sought in addition to the above if deemed necessary.

## Please change my address to:

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Note:** For a change of address you must supply us with a proof of new address eg. bank statement, utility bill or benefits form.

## Please change my nomination details for the Life Insurance to:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

**Note:** Alterations to this section require a witness to your signature

Witness Title: \_\_\_\_\_ Witness Surname: \_\_\_\_\_ Witness Forename(s): \_\_\_\_\_

Witness Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_

**Note:** To confirm any of the above details please sign below

Your signature \_\_\_\_\_

Date \_\_\_\_\_