

# Change of Member Details

Freepost RSRT-HAXK-RUYU

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April 2013



Please complete the following in **BLOCK CAPITALS**

Membership No:

Title:  Surname:  Forename(s):

Email:

Please tick this box if you are happy to receive information and statements by e mail instead of post. We will not disclose your details to third parties.

## 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 details to:

Address:

Postcode:

Tel:  Mobile:

## Are you?

Married  Single  Living with partner  Other

**Are you?** A tenant

Housing Association  Private

Home owner with mortgage  Living with relatives / friends  Home owner without mortgage

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

To complete Change of member details please sign overleaf

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

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

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

\_\_\_\_\_ Postcode: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please note:** Alterations to this section require a witness to your signature

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

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

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

Witness Signature: \_\_\_\_\_ Date: / /

## Please change my bank details to:

Bank Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

Sort Code   -   -

A/C No.

## Please change my child's registered contact details:

### Original contact details

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

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

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

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

### New contact details

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

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

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

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature of registered contact:

Signature of new registered contact:

**Note:** To confirm any of the above member detail changes, please sign below.

Your signature

Date / /