

Savings Customer Amendment Form

PLEASE COMPLETE AS NECESSARY & RETURN TO THE ABOVE POSTAL OR EMAIL ADDRESS

**Mandatory fields*

Savings Account Number*	
Account Holders Full Name(s)*	
Telephone Number*	
Email Address*	
Effective date of changes*	

Changes in Personal Details

Old & New Name (Please supply evidence of the required change, i.e. marriage certificate or change of name deed).		
Old & New Signatures		
Account Holders New Address		
New Postcode		
New Contact Telephone Number		
New Contact Mobile Telephone Number		
New Contact Email		

Changes in Nominated Bank Account

Bank Name	
Bank Address	
Sort Code	
Account Number	
Name of Account Holder	

Your Authorisation

Signature*		Date	
Signature*		Date	

**WE MAY NEED TO CONTACT YOU TO CONFIRM THE CHANGES THAT YOU HAVE REQUESTED.
SIGNATURES ARE REQUIRED FROM ALL ACCOUNT HOLDERS**

<i>For office use only</i>				
Date stamp		Signature & bank checked	Updated on provision	Date
	Initiators initials			
	Validators initials			

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