

Change of Details Form

| | Pleas | e fill in the | form using | BLOCK C | APITALS | and black ink. Co | mplete an | y boxes w | hich apply. | | |
|--|-----------|----------------|------------------|-----------------------------|---|--|----------------------|---------------|----------------|------------|----------------|
| 1. Your Current Detail | S | | | | | | | | | | |
| Surname | | | | | | Previous address | | | | | |
| Title | Mr | Mrs | Miss | Ms | | | | | | | |
| | | | | Other | | | | | | | |
| Forename(s) in full | | | | | | | | | | | |
| | | MANA | y | Y | | | | | | | |
| | D | MM | YYYY | Y | | | | | | | |
| Account DetailsPlease provide details of a third party. | f one acc | ount you cur | rently hold. Ple | ase note th | at your add | lress will be changed fo | or all account | s you hold in | cluding any a | ccounts t | o which you a |
| Savings Account Number | er | ш | | ш | | | | | | | |
| Mortgage Account Num | ber | П | | | П | | | | | | |
| 3. New name/address Once you have complete refer to the Society's Ide | d this fo | rm you will ne | eed to return it | to us, evide h or at www | nce will als chorleybs | o be required for any ch.co.uk. | nanges to you | ur personal d | etails held wi | th the Soc | iety. Please |
| Change of details effect | ive from | D D | ММ | YY | YY | Reason for change | | | | | |
| Change of Title | Mr | Mrs | Miss | Ms | | | | | | | |
| | | | | Other | | Home phone | | | | | |
| Change of Name | | | | | | Work phone | | | | | |
| irst name | | | | | | Mobile phone | | | | | |
| iddle name(s) | | | | | | Email address | | | | | |
| Surname | | | | | | 2 | | | | | |
| New address | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| . Tax Liabilities | | | | | | Are you resident fo | rtax | | | | |
| Vationality | | | | | | purposes anywher than the UK? | | Yes | No | | |
| Are you a US Citizen? | | | | | | If 'yes' please list a countries of which | | | | | |
| f 'yes' please provide you | ır | | | | | tax resident and pro your relevant tax re | ovide eference or | | | | |
| US Tax Identification No. (TIN) | | | | | Taxpayer Identifica (or functional equiv | | | | | | |
| 5. Declaration and sig | | | | | | | | | | | |
| Please make sure you han I confirm that the inforn | | | | | ead below | before signing. | | | | | |
| I hereby request that the Where I am requesting t | e informa | ation above w | ill be used to u | pdate all my | | | | | | ny joint / | third party ac |
| Current Signature | | | | | | New Signature | | | | | |
| | | | | | | Date | D D | ММ | YY | YY | |
| STAFF USE ONLY | | | | | | | | | | | |
| Customer Advisor: | | | Dat | e: | | Checked By: | | | Date: | | |

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