

Mortgage Change of Details

This form can be completed electronically, saved and printed. If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes that apply.

As you are requesting a change to your Mortgage Account we need to understand the reason for this. To ensure we comply with our regulatory requirements and maintain your records, please complete and sign this short questionnaire.

Your Details as Currently Held by	us (you should not use this section to reco	rd your new information)			
	1st Account Holder	2nd Account Holder			
Surname					
First Name(s)					
Mortgage account number					
Date of Birth					
Mortgaged Property Address					
	Postcode	Postcode			
Home Telephone Number					
Mobile Telephone Number					
Email Address					
Nationality					
Permanent Right to Reside in the UK	Yes No	Yes No			
Your Current Employment and In	come Details				
Occupation					
Occupation Sector					
Employer's Name					
Employer's Address					
	Postcode	Postcode			
Annual Income					
Other Income					
Where other income is detailed please confirm where this is from					
Change of Correspondence Addr	ess				
	address. Please refer to the Society's identification criteria	which can be found on our website:			
New Correspondence Address					
	Postcode	Postcode			
Country of Residence					
New Home Telephone Number					



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Date Effectiv	e From											
	n the reason you wish to correspondence address:											
Is this a char property add	ge to the mortgaged resss?	Yes	No			Yes	No					
Is the proper	ty occupied?	Yes	No			Yes	No					
If no, when is to be reoccup	the mortgaged property pied?											
Is the mortga to let it?	aged property let or do you intend	Yes	No			Yes	No					
WARNING: If you intend to let the mortgaged property you must let us know. The mortgaged property cannot be let without our prior consent. Please ensure that you have notified your property insurer of your change of address and you have suitable insurance in place.												
Change	of Name											
Evidence will be required for your change of name. Please refer to the Society's identification criteria which can be found on our website: http://www.chorleybs.co.uk/Files/rb/idc.pdf												
		1st Account Hol	der			2nd Account Hol	der		_			
New Title		Mr	Mrs Miss	Ms Ms	Other	Mr N	/Irs Miss	s Ms	Other			
Change of Fi	rst Name (s)											
Change of Su	ırname											
Date change	of name effective from											
Reason for c	hange											
Keeping	you up to date about our Pr	oducts and S	Services									
	time the Society will send you informat it is not to the detriment of your interest							ave a legitimate i	nterest			
	to provide you with this information by oxes. This selection will over-ride any p			ot wish to receive s	such material	l by these methods	then please tio	ck the				
Account Hol	der											
Email	Telephone											
I/we declare	e that:											
• The information I/we have provided in this form is true, accurate and complete;												
• The information above should be used to update all my/our personal details for any Chorley Building Society accounts I/we hold, including joint / third party accounts; and												
• Where I am/ we are requesting the change of personal details on behalf of the above named account holder, I/we confirm that I/we have the authority to do so.												
	1st Account Holder			_	2nd Accoun	nt Holder						
Name				Name								
Current signature				Current signature								
Previous signature (if applicable)				Previous signature (if applicable)								
Date				Date								

Your Personal Information and what we do with it

As a financial institution, we are required to gather information about our members and any other third party authorised to act on their accounts to satisfy our legal obligations. Our Privacy Policy describes how we collect your information, how we use it and why. To view our current Privacy Policy visit www.chorleybs.co.uk/privacy, or contact us.