

CHANGE OF CUSTOMER DETAILS FORM

Please tick the change(s) that apply to your request:

Change of Address

Change of Name

Change of Signature

Proof of identification/evidence will be required to make any of the above changes, please refer to page 2 for guidance.

If you have any communication difficulties or any other vulnerabilities that you wish to make us aware of, (these will be noted on your personal records), please detail below.

If you do make us aware of any additional requirements, this will help us to provide a level of service that will enable your relationship with us to run smoothly. If you require further assistance, please contact us via Email/Telephone/Branch/Post, these details can be found at the bottom of this page.

PERSONAL DETAILS		All fields in this section containing a * MUST be completed or marked not applicable			
Title*	Mr	Mrs	Miss	Ms	Other
Full First Names*					Home Tel No.*
Surname*					Mobile*
Date of Birth*					Email*
National Ins. No.*					Are you a citizen and Tax resident of the UK only? Yes/No*
Occupation*					
Permanent residential address*					
					Postcode*

22 THE HOLLOW, EARL SHILTON, LEICESTER LE9 7NB

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All calls will be recorded for training and monitoring purposes

Earl Shilton Building Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

CHANGE OF ADDRESS - Identification is required for this change, please refer to the Proving your Identity leaflet.

I request you to accept this notification of change of address and authorise you to amend my personal records from:

Old address _____

Postcode _____

I understand that all communications relating to the account(s) in my name will be forwarded to the new address.

CHANGE OF NAME - Evidence is required for this change, please provide one of the following: Marriage Certificate/Deed Poll document/Adoption Certificate

I request you to accept this notification of change of name and authorise you to amend my personal records, I enclose the passbook(s) relating to my account(s).

At present in name(s) of _____

Old Signature: _____

Please note: this needs to match what we currently hold on our records

New Signature: _____

I declare that the above change of name(s) is correct and that such a change represents a change in name(s) only and not in ownership.

CHANGE OF SIGNATURE - Identification is required for this change, please refer to the Proving Your Identity leaflet.

I request you to accept this notification of change of Signature and authorise you to amend my personal record(s) accordingly.

Old Signature: _____

Please note: this needs to match what we currently hold on our records

New Signature: _____

Please note: this needs to match the ID you have provided

Privacy Notice - Our Privacy Notice describes how we use your personal information and your rights under data protection laws.

Contact Preferences Form - We use a range of channels to provide you with information about products, the Society, services and events which may be of interest to you. By completing our Contact Preferences form, you can add or remove some of the ways in which we contact you and ensure that your contact details are up to date.

If you require a copy of either of the above, these can be obtained in both of our branches, on our website www.esbs.co.uk or by telephoning our Savings Team on 01455 844422.

CONFIRMATION OF CHANGE(S)

Customer Signature	
Date	