Lost or Stolen Passbook Form

The Stafford Building Society

Account Holder(s) Details

ACCOUNT HOLDER 1		ACCOUNT HOLDER 2	
*Title		*Title	
*First name(s)		*First name(s)	
*Surname		*Surname	
ACCOUNT HOLDER 3		**ACCOUNT HOLDER 4**	
*Title		*Title	
*First name(s)		*First name(s)	
*Surname		*Surname	
*Account number of the lost passbook			

Agreement and Declaration

I / we confirm that the passbook for the above account has been lost / stolen (delete as appropriate) **and by signing below, you agree to the following:**

- I / we request that the Society cancel the current passbook and transfer the balance to a new book
- I /we acknowledge that the passbook will no longer be valid and treated as cancelled, therefore if found cannot be used
- I /we are aware that relevant security checks will be completed prior to a new book being issued
- I / we understand that the replacement passbook will be sent to the address held by the Society and a withdrawal cannot be made prior to receiving this book

A charge will be levied for this service if a passbook has been lost more than once. The current fee can be found on our Tariff of Charges, found on our website: https://srbs.co.uk/savings/savings-forms-and-leaflets/. You will also receive personal confirmation of the amount due, if this is applicable to you

Signed – Account holder 1		Signed – Account holder 2	
*Signature		*Signature	
*Date		*Date	
Signed – Account holder 3		**Signed – Account holder 4**	
*Signature		*Signature	
*Date		*Date	

Office Use ONLY

Member(s) CUID Number(s)	
Account Number	
Old Passbook Serial Number	
New Passbook Serial Number	
Completed by…….……..…….. Date…… Signature	
Passbook Checked	
Memo Code Added	
Charge taken? (N/A if first time being lost)	