

Change of Name

Member Details

| | | |
|--|------------------------------|-----------------------------|
| *Title | | |
| *First name(s) | | |
| *Surname | | |
| *Date of birth | | |
| *NI Number | | |
| *Telephone | | |
| *Email | | |
| *Occupation | | |
| *Nationality | | |
| *Country of Residence | | |
| *Are you a tax resident in any other country? (If YES , please state where & complete the supporting FATCA declaration leaflet) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *If YES , please include your Tax Identification Number (TIN) | | |

New Member Details

| | | |
|----------------|--|--|
| *Title | | |
| *First name(s) | | |
| *Surname | | |

Please note: If we're unable to verify the new name with our electronic checks, we'll require proof of this. To see what ID we accept and how to certify copies, please refer to our "Confirming your Identity" leaflet: <https://srbs.co.uk/savings/savings-forms-and-leaflets/>.

Existing Accounts With The Society

| | |
|---|--|
| *Account Number(s) (10 digit number - Please include any letters) | |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| *Are you registered for our online banking? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Reason For Name Change

| Please mark X in ONE box to indicate the reason / method for your name change | Tick |
|---|-----------------------|
| Marriage / Civil Partnership | |
| Divorce / Dissolved Civil Partnership | |
| Deed Poll / Statutory Declaration | |
| Other | Please Specify: _____ |

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Do you need additional support?

We want every Member to feel supported. If there's anything we can do to make things easier for you, for example, if you're living with a **health condition, disability, or other personal circumstances**, please let us know so we can support you in the way that works best for you.

If you'd like a member of our team to get in touch, please tick below and select a preferred contact method - phone or email. We'll follow up as soon as possible to understand your needs and discuss how The Stafford Building Society can best support them.

| | |
|--|---|
| Contact me via telephone to discuss your support needs | Account holder 1 <input type="checkbox"/> |
| Contact me via email to discuss your support needs | Account holder 1 <input type="checkbox"/> |

Agreement and Declaration

Your declaration - In signing this application form, you confirm the following declaration

- I declare that the information I/we have given on this form is true to the best of our knowledge and belief and undertake to inform the Society of any changes in my/our circumstances.
- I agree to be bound by the Rules of the Society, the Society's Savings Account Terms and Conditions and any specific conditions applicable to this account (a copy of which I/we have received).
- To be bound by the rules of the Society and the Charitable Assignment Scheme described above in the application form and in our savings T&C's.
- I agree to the section called "Important - Use of Your Information" including the Privacy Policy and agree to the Society using my information in the manner specified.
- That I have had the opportunity to read the Society's Privacy Notice and ask any questions.

| | |
|---------------------|--|
| *Previous Full Name | |
| *Previous Signature | |
| *Date | |
| *New Full Name | |
| *New Signature | |
| *Date | |

OFFICE USE ONLY

| | |
|--|--|
| Member CUID | |
| Name and salutation checked on every account and on customer profile | |
| Search for other accounts has been conducted | |
| For borrower members, the Mortgage team has been notified | |
| Signature has been verified | |
| Online profile has been updated | |
| New name has been verified and logged (indicate whether electronic check or documentary) | |
| Completed by..... Date..... Signature | |
| Checked by..... Date..... Signature | |