

Change of Account Holder(s)

Current Account Holder(s) Details

ACCOUNT HOLDER 1		ACCOUNT HOLDER 2	
*Title		*Title	
*First name(s)		*First name(s)	
*Surname		*Surname	
*Address		*Address	
*Date of birth		*Date of birth	
*NI Number		*NI Number	
*Telephone		*Telephone	
*Email		*Email	
*Holder to be removed from the account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Holder to be removed from the account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you currently registered for our online banking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Are you currently registered for our online banking?	<input type="checkbox"/> Yes <input type="checkbox"/> No

New Account Holder(s) Details

ACCOUNT HOLDER 1		ACCOUNT HOLDER 2	
*Title		*Title	
*First name(s)		*First name(s)	
*Surname		*Surname	
*Address		*Address	
*Date of birth		*Date of birth	
*NI Number		*NI Number	
*Telephone		*Telephone	
*Email		*Email	
*Are you currently registered for our online banking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Are you currently registered for our online banking?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Account Withdrawal Instructions

*Withdrawals to be paid by:
Any one <input type="checkbox"/>
Both <input type="checkbox"/>

Marketing Preferences

I confirm that the Society can contact me by telephone for marketing purposes:	Account holder 1 <input type="checkbox"/> Account holder 2 <input type="checkbox"/>
I confirm that the Society can contact me by post for marketing purposes:	Account holder 1 <input type="checkbox"/> Account holder 2 <input type="checkbox"/>
I confirm that the Society can contact me by email for marketing purposes:	Account holder 1 <input type="checkbox"/> Account holder 2 <input type="checkbox"/>
Please tick here if you don't want to receive any form of marketing from the Society:	Account holder 1 <input type="checkbox"/> Account holder 2 <input type="checkbox"/>

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"/>	Account holder 2 <input type="checkbox"/>
Contact me via email to discuss your support needs	Account holder 1 <input type="checkbox"/>	Account holder 2 <input type="checkbox"/>

Appendix 1 - Important Information - Use of Your Information

For the latest information on how we use your data, please refer to our privacy policy. This can be found on our website (www.srbs.co.uk/privacy-policy) or by asking for a physical copy from the branch staff.

Agreement and Declaration

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

- I/We 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/We agree to the section called "IMPORTANT - USE OF YOUR INFORMATION" and agree to the Society using this information in the manner specified.

To be signed below by the existing account holders (If you're being removed from the account or if you're an existing holder remaining on the account, please sign here)			
Signed - Existing Account holder 1		Signed - Existing Account holder 2	
*Signature		*Signature	
*Date		*Date	

To be signed below by the new account holders (If you're being added as a brand-new account holder, please sign here)			
PLEASE NOTE: New account holder must complete a new application for relevant type of account			
Signed - New Account holder 1		Signed - New Account holder 2	
*Signature		*Signature	
*Date		*Date	

Change of Account Holder(s)



Office Use ONLY

Member(s) CUID number(s)	
Account Number	
Completed by.....	Date..... Signature