## Change of personal details form



Please use this form to inform us of any changes to your personal details. Please complete this form using black ink and BLOCK CAPITALS and return it to us at Charter Savings Bank, PO Box 855, Wallsend, NE28 5BL.

If you have any important or original documents to send to us, we recommend using a Special Delivery option for your own peace of mind.

If you're informing us of a name change, please send us proof of this change (e.g. marriage certificate). Please note, photocopies will need to be certified by a solicitor or your bank, using the wording: 'I certify that this is a true copy of the original'. Please also ensure that contact details for the person carrying out certification are stated on the certified document. All changes notified below will apply to each Charter Savings Bank Account you hold with us. 1st account holder's details: 2nd account holder's details: Please only complete the boxes where your details have Please only complete the boxes where your details have changed. changed. Title: ...... Forename(s): ..... Title: Forename(s): D.O.B: Nationality: Permanent residential address: Permanent residential address: ......Postcode: ..... ......Postcode: ...... Mobile telephone: Mobile telephone: Email: ..... Can you confirm that your Can you confirm that your only country of residence for tax only country of residence for tax purposes is the United Kingdom? Yes No Yes No purposes is the United Kingdom? Yes No Are you a US citizen? Are you a US citizen? Yes No If you are a citizen of a country other than the UK and/or have a liability to pay tax in a country other than the UK, you must complete the 'Foreign Account Tax Compliance Act (FATCA) Form', which you can find in the Useful Documents section on our website, or we will not be able to open an account for you. The USA deems any US citizen as resident in the US for tax purposes, regardless of where you reside. Further support with managing your account 1. Do you require literature or information about your account in one of these alternative formats? **1st account holder** Large Font Braille Audio N/A 2nd account holder Large Font Braille Audio N/A

Do you require any additional support with managing your account or have your circumstances or needs changed? If you've already.

Please describe how we can help you and which account holder this relates to .....

made us aware, there is no need to tell us again.



2. Would you like us	to contact	you to see what further	support we can off	er you?			
1st account holder	Yes	No	2nd	account holder	Yes	No	
Please be aware, it may be necessary for us to contact you to clarify the support you've told us you need.							
3. How would you like	ke us to co	ntact you?					
1st account holder	Post	Phone	2nd	account holder	Post	Phone	
Alternatively, if you'd like to contact us please call us on 0800 032 9999.							
Please note, by providing the above information and ticking this box, you consent to us using this information to assist you with the operation of your account. You can withdraw this consent at any time.							
We collect and use your personal data, for the purposes of administering the account, complying with our legal obligations and in accordance with our privacy policy which can be found at <a href="mailto:chartersavingsbank.co.uk/legal/privacynotice">chartersavingsbank.co.uk/legal/privacynotice</a> or can be obtained by contacting us.							
Please update my/our account details with the changes detailed on this form. (In order to update account holder details for joint accounts, please ensure that both account holders sign this form)							
Signed		Date	Sigr	ed		Date	
If you're informing us of a change of name, please sign this form with both your old and new signatures.							
Old Signature			Old	Signature			