

Change of Details Form

Use this form to inform us of any changes to your personal details or nominated account details.

Please enter details of any changes in the appropriate space below in BLOCK CAPITALS and return this form to us at Milestone Savings, PO Box 861, Wallsend, NE28 5BP

1st Account Holder Details

Existing Account Number Mr / Mrs / Miss Other: please specify

Forename(s)

Surname

Date of Birth / / Sex (male/female) Nationality

Permanent Residential Address

Postcode Home Tel. No Mobile No

Email

2nd Account Holder Details

Mr / Mrs / Miss Other: please specify

Forename(s)

Surname

Date of Birth / / Sex (male/female) Nationality

Permanent Residential Address:

Postcode Home Tel. No Mobile No

Email

*Please note that where your name has been amended, it is necessary to provide a document proving your change of name before this can be actioned, eg. Marriage/Civil Partnership Certificate, Deed Poll.

Please update any of my/our records with information contained on this form.

Signed Account Holder 1:	Date:
Signed Account Holder 2 (if applicable):	Date:

For joint accounts, this section must be signed by both account holders.