



NAME CHANGE REQUEST FORM

Remember to enclose a certified copy of your updated Passport or Identity Card.

You may return this form via email by post or handed in at our branch.

Personal details

Account Number:

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Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

First name Prior to Change

Last name (s) Prior to Change

First name After Change

Last name (s) After Change

I agree that the information given is true and complete, that ALL boxes are completed, and I have enclosed a copy of my passport or identity card.

Account Holder's Signature	Account Holder's Signature
Full Name:	Full Name:
Date:	Date:

For Office Use Only:

CIF Number

CIF Name

Dormant Marker
Removal?

Yes

☐

No

☐

YES

NO

Has the form been fully completed and supporting documentation provided?

☐☐

Has the form been signed in accordance with the Bank Mandate and dated?

☐☐

Signature of Bank Officer

Print Name

Position

Date

D	D	M	M	Y	Y	Y	Y
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