



Protected



Change of Address

Please ensure that all accounts to be amended are listed on this form.

PART 1:

PLEASE COMPLETE ALL DETAILS IN FULL

Account Number(s)

Account No:		Account No:	
Account No:		Account No:	
Account No:		Account No:	
Account No:		Account No:	
Account No:		Account No:	

(Mortgage Admin must be informed where there is a current mortgage account)

Customer Name(s):

Please note that where we advised that your country of residence is no longer the UK; under our current policy we will have no option but to close your account.

PART 2:

PLEASE COMPLETE ALL DETAILS IN FULL

New Address:

Postcode:

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Is this to be the account correspondence address? Yes: No:

Tel No Daytime:

Tel No Evening:

Tel No Mobile:

Email Address:

DATA PROTECTION LEGISLATION

The Data Controller is Leek United Building Society trading as Leek Building Society, whose principal office is 50 St. Edward Street, Leek, Staffordshire, ST13 5DL.

The information you are supplying will be held by the Society and used for market research purposes, developing goods and services, statistical and business analysis, customer servicing, and administration. Your information may be passed to other companies within the Leek United group for the purposes stated above.

This information may be held during the life of the account and for administration reasons after the account has closed.

Under data protection legislation you are entitled to receive a copy of personal information held about you, have inaccurate data corrected, restrict the purposes for which your personal data is used and in certain circumstances the right to your data being erased. Further information regarding how we manage your data can be found within our Privacy Notice which can be found at leekbs.co.uk/privacy/, or alternatively can be requested from any of our branches or by writing to the address above.

If you would like to obtain information held about you, please write to the address above.

Continued Overleaf

MARKETING PREFERENCES

We would like to use the contact details you provide us to keep you up to date with our latest news and offers, ranging from Member benefits through to information on our products and services we feel may be of interest to you. We'll always treat your personal details with the greatest of care, and will never pass them onto any other companies for Marketing purposes. If you would like to receive Marketing promotions from us, just tick any of the following, as we want to contact you via your preferred channels:

Customer 1	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	SMS	<input type="checkbox"/>
Customer 2	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	SMS	<input type="checkbox"/>
Customer 3	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	SMS	<input type="checkbox"/>
Customer 4	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	SMS	<input type="checkbox"/>

See our privacy policy, leekbs.co.uk/privacy/, for more about how we use your information. Don't forget you can opt out of marketing at any time by telephone, email or visiting one of our Branches.

Where account(s) are held in joint names all parties are required to sign to amend the account correspondence address

Signature(s): 1	<input type="text"/>	Print Name:	<input type="text"/>	Date:	<input type="text"/>
Signature(s): 2	<input type="text"/>	Print Name:	<input type="text"/>	Date:	<input type="text"/>
Signature(s): 3	<input type="text"/>	Print Name:	<input type="text"/>	Date:	<input type="text"/>
Signature(s): 4	<input type="text"/>	Print Name:	<input type="text"/>	Date:	<input type="text"/>

Office Use Only	Signatures checked by:	<input type="text"/>
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For Society Use Only		
Checking Requirements (The relevant CSR screen is listed below)		
		Please initial (1st and 2nd check)
1. Check the changes of address form against our records to ensure that all accounts are listed that need to be charged. Query with the cashier if any are missing or you feel some are changed which shouldn't be.	<input type="checkbox"/>	<input type="checkbox"/>
2. Check is the customer living address correct? (CUVL Contact Details)	<input type="checkbox"/>	<input type="checkbox"/>
3. Check is the customer correspondence address correct? (CUVL Contact Details)	<input type="checkbox"/>	<input type="checkbox"/>
4. Check is the account correspondence address correct? (check each account using ACHE)	<input type="checkbox"/>	<input type="checkbox"/>
5. Check the phone number and email address have been amended? (CUVL Contact Details)	<input type="checkbox"/>	<input type="checkbox"/>
6. Check the address on EVERY account that the customer has to ensure that only those that should be changed have been and that none have been missed.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any mortgage accounts to be changed? If so, send a copy of this form to Mortgage Administration for them to make changes. Have telephone numbers been added to the customer record?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any Legal & General and/ Wren Sterling contracts to be changed? If so, has an additional form been completed and forwarded to Wren Sterling?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the signature been verified and initialled?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a No Trace hold code present on the account(s), has this been removed? (If so, please attach relevant copies of ID or CALLML Sheet and add details of ID documentation taken below)	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you closed the request in Sharepoint	<input type="checkbox"/>	<input type="checkbox"/>

ID Provided (Only required for removal of NO TRACE hold code)	
Call ML Verified <input type="checkbox"/>	Reference <input type="text"/>
Detail <input type="text"/>	Reference <input type="text"/>
<input type="text"/>	<input type="text"/>

Address changes:	Performed by: <input type="text"/>	Date: <input type="text"/>
	Second Check Performed by: <input type="text"/>	Date: <input type="text"/>

PLEASE NOW FORWARD THIS FORM TO HO FOR SCANNING