

This form will be scanned electronically; please help us to deal with your request correctly by writing inside the boxes in BLOCK CAPITALS and using black ink.

- If other members of your household also hold an account with Harpenden Building Society and require their details updating, they will be required to complete a form also.
- Please note, if an account is held in joint names, or on behalf of someone else, we will only change your residential address and the correspondence address of the account, if indicated below. The other account holder will be required to complete a form in order to amend their own residential address and contact details.

1. Your details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Forename(s)	<input type="text"/>					
Surname	<input type="text"/>					

Previous address and/or contact details (complete where relevant)

Property Number / Name	<input type="text"/>					
Street	<input type="text"/>					
Town	<input type="text"/>			Postcode		
Email address	<input type="text"/>					
Home number	<input type="text"/>					
Mobile number	<input type="text"/>					

Have you registered for our Online Services? Yes No

2. Your new details

Effective date of new address	<input type="text"/>					
Property Number / Name	<input type="text"/>					
Street	<input type="text"/>					
Town	<input type="text"/>			Postcode		
Email address	<input type="text"/>					
Home number	<input type="text"/>					
Mobile number	<input type="text"/>					

3. Account(s) affected by the change, including accounts for which you hold a Power of Attorney, Court of Protection, or for which you are correspondent

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have more account(s) to list, please mark this box with an X, and list them on the reverse of this form.

4. Your confirmation

Once this form has been completed please take it into your local branch, or return it to:

Harpenden Building Society, FREEPOST, SB165, 14 Station Road, Hertfordshire, AL5 4BR.

If you hold any other product with the Society, we will inform the relevant team of your new details. If they require anything further they will contact you directly.

I confirm that the information I have provided is correct

PLEASE SIGN WITHIN THIS BOX

PLEASE PRINT NAME

DATE

5. Additional parties to account(s) and/ or signatories

Please could all relevant parties to the account(s) or signatories sign here if necessary in accordance with the mandate.

PLEASE SIGN WITHIN THIS BOX

PLEASE PRINT NAME

DATE

Branch use only

Date received

CIN

Signatures verified

Date sent to MST

Member Services use only

Date received

CIN

Staff initial

Date checked

Staff initial