

Change of Address Form

Section 1 Personal Details					
Customer number (if known):	Title:				
First Name & initials:	Surname:				
Do you hold a mortgage with the Society? Yes/No If yes, please quote your account number:					
Section 2 New Address					
Address:	Daytime Telephone No:				
	Evening Telephone No:				
	Mobile Telephone No:				
Postcode:	Email address:				
Date moved in:					
Section 3 Previous Address					
Address:	Daytime Telephone No:				
	Evening Telephone No:				
	Mobile Telephone No:				
Postcode:	Email address:				
Date moved in:	How many years did you reside at this address?:				

Section 4 Data Protection

The Society takes its responsibilities for data management very seriously and we have thoroughly detailed our approach to how we collect and use information on the 'Privacy' page on our website. This explains how we collect and manage personal information and what we do with it. Please visit dudleybuildingsociety.co.uk/privacy-policy for more information. Alternatively, you can request copies of our privacy statements over the telephone on 01384 231414 or in any of our branches.

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By signing this for within them.	m, you are (confirming t	that you ho	ave ackno	wledged th	e Society's Pri	vacy No	tes ar	id the	guido	ance t	that is	containe
We would love to Society. In order to	. ,		•						a me	mber	of Du	dley B	uilding
Email	Post		Phone										
Section 5 De	claration	1											
I can confirm the i above.	information	given abov	e is correc	t and I aut	thorise Dud	ley Building Sc	ociety to	chanç	ge my	deta '	ils as	indica	ted
The personal infor and money-laund employment. Furtl protection rights, o	dering and t her details o	o verify you of how your	r identity. If informatio	fraud is d n will be u	letected, yo sed by us o	u could be ret nd these frau	fused ce d prever	rtain s ition c	ervice Igenc	es, find ies, ar	ance, nd you	or ur data	
The signature of the	ne individuc	ıl named as	Account F	Holder is re	equired.								
Signature						Date	D	D	Μ	М	Υ	Υ	
Print name:													

Section 6 Office Use Only							
Staff Number:		Date completed:					
Customer signature(S) verified:	CUS01 check:		IAD06 (if applicable):				
Checked by:		Date checked:					
Attach to account number:							