

# Change of Member Details

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Please complete the following in **BLOCK CAPITALS**

Membership No:

Title:  Forename(s):  Surname:

Email:

Please tick this box if you are happy to receive information and statements by e mail instead of post.  
We will not disclose your details to third parties.

## Please change my name to:

Title:  Forename(s):  Surname:

Old Signature:  New Signature:

**Note:** Supporting information may be sought in addition to the above if deemed necessary.

## Please change my address details to:

Address:

Postcode:

Tel:  Mobile:

## Are you?

Married  Single  Living with partner  Other

**Are you?** A tenant

Housing Association  Private

Home owner with mortgage  Living with relatives / friends  Home owner without mortgage

**Note:** For a change of address you must supply us with a proof of new address eg. bank statement, utility bill or benefits form.

**To complete Change of member details please sign overleaf**

**Please change my nomination details for the Life Insurance to:**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Work Details:**

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Post Code \_\_\_\_\_

**Please change my bank details to:**

Bank Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

Sort Code   -   -   A/C No.

**Please change my child's registered contact details:**

**Original contact details**

Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

**New contact details**

Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Signature of registered contact:**

**Signature of new registered contact:**

**Note:** To confirm any of the above member detail changes, please sign below.

Your signature

Date / /