

CHANGE OF PERSONAL DETAILS



Mandatory fields marked with*

Please complete the relevant sections of this form if you wish to change your personal details on your Witan Wisdom account. Please complete this form in BLOCK CAPITAL letters, sign and return it to Witan Wisdom, PO Box 10550, Chelmsford CM99 2BA.

1. Personal details* - (details we currently hold)	
Your title*	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other title <input type="text"/>
First name*	<input type="text"/>
Surname*	<input type="text"/>
Date of birth*	<input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/> National Insurance Number* <input type="text"/> - <input type="text"/> - <input type="text"/>
Place of birth*	<input type="text"/> Nationality* <input type="text"/>
Your Witan Wisdom account number*	<input type="text"/>
2. Change of permanent residential address	
Your old home address	<input type="text"/>
Postcode	<input type="text"/>
Your new home address	<input type="text"/>
Postcode	<input type="text"/>
3. Change of contact information	
Daytime telephone number	<input type="text"/>
<small>(Please include extension number if appropriate)</small>	
Evening telephone number	<input type="text"/>
<small>(Please include extension number if appropriate)</small>	
Mobile telephone number	<input type="text"/>
Email address	<input type="text"/>
4. Change of contact information	
Your title*	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other title <input type="text"/>

5. Change of name

Please note that the original documentation (or certified copy of the original), recording your change in name, must be submitted with this form (e.g. marriage certificate).

First name

Surname

Please provide a specimen of your new signature here and sign the Declaration in section 6 using the signature which we currently hold in our records.

New signature

6. Declaration*

I declare the statements completed on this form are true and complete.

Signature*

Date* (XX/XX/XXXX)

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