

CHANGE OF PERSONAL DETAILS FORM

Mandatory fields marked with*

Please complete the relevant sections of this form if you wish to change your personal details on your Jump account. Please complete this form in BLOCK CAPITAL letters, sign and return it to Jump, PO Box 10828, Chelmsford CM99 2BN.

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"/>						
Your last name*	<input type="text"/>															
Your first name*	<input type="text"/>															
Your date of birth*	D	D	-	M	M	-	Y	Y	Y	Y	National Insurance Number*	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Nationality*	<input type="text"/>															
Your Jump account number*	<input type="text"/>															
Your Jump account designation*	<input type="text"/>															
(Please enter name of the child)																

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"/>								
(Please include extension number if appropriate)									
Evening telephone number	<input type="text"/>								
(Please include extension number if appropriate)									
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).									
Your last name	<input type="text"/>								
Your first name	<input type="text"/>								
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	<input type="text"/>								

6. Declaration*										
I declare the statements completed on this form are true and complete.										
Signature*	<input type="text"/>									
Date*	D	D	-	M	M	-	Y	Y	Y	Y

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