

Scottish Widows Bank plc  
Customer Services,  
PO Box 12757  
67 Morrison Street  
Edinburgh EH3 8YJ

Telephone: 0845 845 0829

This form has been designed to assist you in amending existing account details with us. If you require any assistance please contact our Customer Service Staff between the hours of 8am and 6pm Monday to Friday (10am Wednesdays). Please note that a separate form requires to be used for each account you have with us. Additional forms are available on request from our Customer Service Staff either by telephone or by post.

Account Number

Name of Account Holder(s)

**Change of Code Word**

First Primary School	Existing	<input type="text"/>	New	<input type="text"/>
Mother's Maiden Name	Existing	<input type="text"/>	New	<input type="text"/>
Personal Choice	Existing	<input type="text"/>	New	<input type="text"/>

Always take reasonable steps to keep the passwords and other security information secret at all times. This is essential to help prevent fraud and protect the accounts. Take care when storing or disposing of information about your accounts. You should take simple steps such as shredding printed material. It is essential that you tell us as soon as possible if you suspect or discover someone else knows your security information – call our Customer Service Staff on 0845 845 0829.

**Change of Personal Details (Address) – Please amend your records as follows:**

<b>From:</b>		<b>To:</b>	
Address	<input type="text"/> <input type="text"/>	Address	<input type="text"/> <input type="text"/>
Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Daytime Tel. No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Daytime Tel. No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Evening Tel. No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Evening Tel. No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Change of Personal Details (Name\*) – Please amend your records as follows:**

<b>From:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	<b>From:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
	Other <input type="text"/>		Other <input type="text"/>
First Name	<input type="text"/>	First Name	<input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>

\* Supporting documentation required:

- **Copy of Marriage Certificate**
- **Copy of Decree Absolute certified by a Solicitor**
- **Confirmation of Change of Name**



**Change of Bank or Building Society Account Details – Please amend your records as follows:**

**NB: Please enclose confirmation eg. original bank statement, cancelled cheque or pre printed bank giro credit slip.**

**From:**

Sorting Code   -   -

Bank/Society

Branch

Account Name(s)

Account Number

**To:**

Sorting Code   -   -

Bank/Society

Branch

Account Name(s)

Account Number

Please forward a direct debit authorisation form for completion and return.



**Frequency of Interest Payment (Please refer to your accounts Terms & Conditions for interest options available to you)**

**NB: Please enclose confirmation eg. original bank statement, cancelled cheque or pre printed bank giro credit slip.**

Please amend the interest payment period to:  Monthly\*  Quarterly  Half Yearly  Annually

\*Minimum account balance required of £10,000.



**Other Instructions (Miscellaneous)**

If changing name, please supply confirmation of both your old and new signatures below.

If not, please sign in the new/current signature box/boxes only.

**New/Current Signature**

**First Customer:**

Signature

Date (DD MM YYYY)

**Second Customer:**

Signature

Date (DD MM YYYY)

**Old Signature**

**First Customer:**

Signature

Date (DD MM YYYY)

**Second Customer:**

Signature

Date (DD MM YYYY)



preparation is everything

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