



**This form can be completed electronically, Saved and printed.
If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes that apply.**

1. Lost / Stolen Passbook details

Joint / more than 2 parties on the account Own account Lost Stolen

(if stolen, please provide your Crime Reference Number)

1st Applicant

Surname

Title Mr Mrs Miss Ms Other

Forename(s) in full

Home telephone

Work telephone

Mobile Number

Email

Preferred correspondence Email Post Phone

Preferred contact time AM PM

Permanent address
Postcode

Date of birth

Marital status

Are you related to any other customer at the Society? Yes No

Relationship

2nd Applicant

Surname

Title Mr Mrs Miss Ms Other

Forename(s) in full

Home telephone

Work telephone

Mobile Number

Email

Preferred correspondence Email Post Phone

Preferred contact time AM PM

Permanent address
Postcode

Date of birth

Marital status

Are you related to any other customer at the Society? Yes No

Relationship

2. Account Details

Please provide details of one account you currently hold and/or are third party on (including mortgages)

Account Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Account Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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3. Declaration and signature(s)

Please make sure you have completed the relevant sections above and read below before signing

- I/we confirm that the information I have provided is correct
- Where I am reporting this on behalf of the account holder I confirm I am authorised to do so.
- I/we understand that where my/our passbook has been stolen the account will be closed and transferred to a new account with a new passbook to protect the account from fraudulent use. The stolen passbook will be invalid and if recovered should be returned to the Society.
- I/we understand that if I/we have;
 - lost my/our passbook; and
 - are also notifying the Society of a change of address;
 the account will be restricted and after 7 days of the date on this form it will be closed and transferred to a new account with a new passbook to protect the account from fraudulent use. The lost passbook will be invalid and if recovered should be returned to the Society.
- I/we understand that Passbooks that are lost or stolen in the first instance will be replaced free of charge. Passbooks that are lost on a subsequent occasion will incur a £10 charge for replacement in accordance with the Society's Tariff of Fees and Charges.
- I/we agree that if we suspect fraudulent use you must make the Police and the Society aware as soon as possible.
- I/we agree to co-operate with the Society and the police, if the Society needs to involve them.



Lost / Stolen Passbook Form

Signature

Signature

Date

D	D	M	M	Y	Y	Y	Y
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If you would like to know more about protecting yourself from identity fraud and theft please refer to www.actionfraud.police.uk/fraud_protection/identity_fraud

We are a data controller of your personal information. The way that we process your personal information is described in our Privacy Notice. This information is available on our website www.chorleybs.co.uk/privacy