

Lost / Stolen Passbook Form

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 | 2nd Applicant | | | | | | | | | | |
| Surname | | | | | Surname | | | | | | |
| Title | Mr | Mrs M | iss Ms | Other | Title | | Mr | Mrs | Miss | Ms | Other |
| Forename(s) in full | | | | | Forename(s) in | full | | | | | |
| Home telephone | | | Home telephone | | | | | | | | |
| Work telephone | /ork telephone | | | | | Work telephone | | | | | |
| Mobile Number | | | | | Mobile Number | bile Number | | | | | |
| Email | | | | Email | | | | | | | |
| Preferred correspondence | Email | Post | Phone | SMS | Preferred corres | spondence | Email | | Post | Phone | SMS |
| Preferred contact time | AM | PM | | | Preferred conta | ct time | AM | | РМ | | |
| Permanent address | | | | | Permanent addı | ress | | | | | |
| | | | | | | | | | | | |
| | Postcode | | | | | | Postcode | | | | |
| Date of birth | | | | Date of birth | Date of birth | | | | | | |
| Marital status | | | | | Marital status | | | | | | |
| Are you related to any other customer at the Society? | Yes | No | | Are you related customer at the | to any other Society? | Yes | | | | | |
| Relationship | | | | | Relationship | | | | | | |
| 2. Account Details | | | | | | | | | | | |
| Please provide details of one account you currently hold and/or are third party on (including mortgages) | | | | | | | | | | | |
| Account Number | | | | | Account Numb | er | | | | | |
| Account Number | | П | | | Account Numb | er | П | Т | П | | |
| | | | | | | | | | | | |

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

| TRUSTED SINCE 1859 | | | | | LC | ost/Stole | n Passbo | OK FOII |
|--------------------|----------------|---------------|----------------|-----|------------|--|----------|---------|
| | | | | | | | | |
| Signature | | | | | Signature | | | |
| Date | D D | M M | YY | YY | | | | |
| | roller of your | personal info | rmation. The w | | | ww.actionfraud.police.uk/ ion is described in our Priva | | |
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| FOR INTER | RNAL USE ON | ILY | | | Checked By | | Date | |
| Customer | | | | Dat | | | Date | |