

**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

<p>Surname <input style="width: 300px;" type="text"/></p> <p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other</p> <p>Forename(s) in full <input style="width: 300px;" type="text"/></p> <p>Home telephone <input style="width: 300px;" type="text"/></p> <p>Work telephone <input style="width: 300px;" type="text"/></p> <p>Mobile Number <input style="width: 300px;" type="text"/></p> <p>Email <input style="width: 300px;" type="text"/></p> <p>Preferred correspondence <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Phone</p> <p>Preferred contact time <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Permanent address <input style="width: 300px; height: 40px;" type="text"/> Postcode <input style="width: 100px;" type="text"/></p> <p>Date of birth <input style="width: 150px;" type="text"/></p> <p>Marital status <input style="width: 300px;" type="text"/></p> <p>Are you related to any other customer at the Society? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship <input style="width: 300px;" type="text"/></p>	<p>Surname <input style="width: 300px;" type="text"/></p> <p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other</p> <p>Forename(s) in full <input style="width: 300px;" type="text"/></p> <p>Home telephone <input style="width: 300px;" type="text"/></p> <p>Work telephone <input style="width: 300px;" type="text"/></p> <p>Mobile Number <input style="width: 300px;" type="text"/></p> <p>Email <input style="width: 300px;" type="text"/></p> <p>Preferred correspondence <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Phone</p> <p>Preferred contact time <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Permanent address <input style="width: 300px; height: 40px;" type="text"/> Postcode <input style="width: 100px;" type="text"/></p> <p>Date of birth <input style="width: 150px;" type="text"/></p> <p>Marital status <input style="width: 300px;" type="text"/></p> <p>Are you related to any other customer at the Society? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Relationship <input style="width: 300px;" type="text"/></p>
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2. Account Details

Account Number <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	Account Number <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" 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