

**Holder Information:** 

## **Gibraltar Savings Bank CHANGE OF DETAILS FORM**



Fields marked with an \* must be completed, as well as any other information that requires amending.

Account Name*:				
Reason for Change*: (can tick more than one)	NAME	TRUST TO ADULT	HOLDER DECEASED	REMOVING ACCOUNT HOLDER
(can lick more than one)	ADDRESS	TEL NO	EMAIL	ADDING ACCOUNT HOLDER
Further Details: (if required)	i.e. marriage, separation, Power of Attorne	v. etc		
Existing Address:	in in indicate the second seco	,, 0.0		
Existing Tel No:				
Existing E-mail:				
Account No(s)*:				
( )				
If a change of name is effected pleadocument.  If a change of address is effected pleaders, insurance policy, Identifications.	lease provide one of the followir	ng; current utility bill (less	than 3 months old), curren	t rates bill, Income Tax
SUPPORTING DO	CUMENTS ATTACHED		CERTIFIED CORREC	1 / ORIGINALS
New Account Name: (if applicable)				
Select <b>ONE</b> : (if applicable)	All account holders must sign		AND	/OR
New Address: (if applicable)				
(п аррпсаме)				
New Tel No: (if applicable)				
New E-Mail: (if applicable)				
Date: /	/ 20 Signatu	ıre(s):		
Date Destroition Ast 2004		Names		

Under the Data Protection Act 2004, the Director of the Gibraltar Savings Bank reserves the rights to collect, store and process personal data for the purpose of providing you with the service(s) that you have requested. This data will remain on file/computer records for as long as administratively necessary and will then be destroyed. Personal information about you or your investments is private and confidential and will not be disclosed to anyone not connected with the provision of this service, unless you give us your consent, or the law permits or requires it. If you want to see your records, please write to the Data Protection Officer, Treasury Department, 206/210 Main Street, Gibraltar, providing us with your full name, current and previous address and account number(s).