

CHANGE OF NAME FORM

YOUR FORMER NAME		
	Policyholder 1	Policyholder 2
Title (Mr, Mrs, Miss etc)		
First name(s)		
Former last name		
Policy number(s)		
Date of birth		
Your former signature	x	x
YOUR NEW NAME		
	Policyholder 1	Policyholder 2
Title (Mr, Mrs, Miss etc)		
First name(s)		
Your new last name		
Your new Signature		
Date of signature	x	x
Date of name change		
Contact telephone number		

Please provide the following original or certified documents, which we will return to you.

- If you are married please send us your marriage certificate.
- If you have divorced and now use your former name, please send us your Decree Absolute and your birth certificate.
- If you have changed your name for any other reason, please send us your Deed Poll, or Statutory Declaration.

Original or certified copies are required. We regret that photocopies are not acceptable.