CHANGE OF DETAILS DECLARATION

Please complete this section then one of Sections A or B be avoid any delay in payment please ensure this form is returned before the bed by th	arned by post to: Benefits Section, PO Box 9089, Dumfries,	
Name	(Block Caps)	
Date of Birth	Contact Tel No	
E-mail Address		
National Insurance number		
I authorise payment into my account details below:-		
Signature	Date	
A. PAYMENT INTO YOUR BANK ACCOUNT Name and Address of Bank:-		
Bank Sort Code (6 digits)		
Bank Account Number (8 digits)		
Please arrange for this section to be completed by your Building Society and have the form stamped by them as evidence that the details are correct. NB Some Building Societies are not full members of the clearing system and although payment will be transmitted to the Building Society's account, there may be a delay in them crediting your account. If you do encounter delays you should contact the Building Society concerned. Building Society Bank Sort Code Building Society Name and Address Stamp:-		
Building Society Bank Account Roll Number		
Signed	Date	

Contact Telephone Number:

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A. CHANGE OF PARENT/GUARDIAN NAME (i.e. change to surname)	
Previous Applicant Name:		
Current Applicant Name:		
National Insurance Number:	Date of Birth:	
Name(s) of Child(ren) on existing application:		
B. CHANGE OF ADDRESS:		
Applicant Name:		
National Insurance Number:	Date of Birth:	
Previous Address:		
Current address:		
Name(s) of Child(nam) are aristing annihisation.		
Name(s) of Child(ren) on existing application:		
C. NEW P1 CHILD OR ADDITIONAL CHILD TO ADD TO YOUR EXI	SITING APPLICATION	
Applicant Name:		
Address:		
National Insurance Number:	Date of Birth:	
Child Name:	Date of Birth:	
School Name:		
Year group entered from August 2019:		
Signed	Date	
Contact Telephone Number:		