

CHANGE OF DETAILS

Account number

Title MR MRS MISS OTHER

Full name _____

Date of birth

Address _____

Town / city _____

Country _____

Postcode _____

Telephone _____

Email _____

I wish to receive Shared Interest communications including my account statements by email. If ticking this box please ensure that your email address is listed above.

Signature _____ Date _____

Second Joint Shareholder

Title MR MRS MISS OTHER

Full name _____

Date of birth

Address _____

Town / city _____

Country _____

Postcode _____

Telephone _____

Email _____

Signature _____

Date _____

Third Joint Shareholder

Title MR MRS MISS OTHER

Full name _____

Date of birth

Address _____

Town / city _____

Country _____

Postcode _____

Telephone _____

Email _____

Signature _____

Date _____

Fourth Shareholder

Title MR MRS MISS OTHER

Full name _____

Date of birth

Address _____

Town / city _____

Country _____

Postcode _____

Telephone _____

Email _____

Signature _____

Date _____

Data Protection

By completing this form, in addition to the application form completed when becoming a member of Shared Interest Society, you consent to Shared Interest Society Ltd and our contractors and agents holding personal data about you in accordance with the Data Protection Act 1998. Shared Interest Society will use details you have provided to administer your account. We may also use your data for anonymous analysis.

Once you have completed this form, please return it to
Freeport RTTJ-TXXJ-XZLU, Shared Interest Society Ltd,
Pearl Assurance House, 7 New Bridge Street West,
NEWCASTLE UPON TYNE, NE1 8AQ
So that we can update your preferences.

