acenden
MORTGAGE SERVICING SPECIALISTS

CHANGE OF PERSONAL DETAILS FORM

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO THE CUSTOMER SERVICES DEPARTMENT

Account Number		
Customer Name(s)		
Property Address		

Change of Name

Thank you for your request to change the name on your account. In order to consider your request we require one of the following;

Change of Name through Marriage;

- Original marriage certificate or a photocopy signed/certified by your solicitor as a true copy.

Change of Name (Other)

- Original deed poll certification or a photocopy signed/certified by your solicitor; and
- Original Driving License or a photocopy signed/certified by your solicitor; or
- Original Birth certificate or a photocopy signed/certified by your solicitor.

In addition, please provide your old and new signatures on the attached form.

*** PLEASE NOTE –** if you are sending a certified version please ensure your solicitor has signed their name and written clearly beside it in block capitals. The certified copy must also carry their company stamp and be dated by the individual certifying the paperwork. Signing the name of the company is **not** sufficient. *

If you are sending in the original document, we would recommend you send this either by Recorded Delivery or Special Delivery. This will be traceable by Royal Mail and a signature is required to confirm it has been received. We will always return such important documentation by Recorded Delivery.

Signature prior to name change		
Print name		
Current signature		
Print name		
Date change effective from		

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Change of Correspondence Address

Thank you for your request to change the correspondence address on your account.

In order to consider your request we require the signed authority of all parties to the mortgage together with the reason for the change of address. Please therefore complete the enclosed form and return it to us.

Please complete the section below detailing your new correspondence address and ensure this form is signed by all parties to the account:

Present Correspondence Address		New Correspondence Address
Postcode		Postcode
Date change effective from		
Reason for the change in correspondence address		

Print Name		Signature		Date
Print Name		Signature		Date
Print Name		Signature		Date
Print Name		Signature		Date

So that we can ensure your Change of Name documentation / correspondence is directed to the correct Department, please enclose this sheet with your response.

If you have any questions regarding this form please contact our **Customer Services department**.