



Change of address

Please complete this form in BLOCK CAPITALS using black ink, and return to: Halifax, PO Box 548, Leeds LS1 1WU (stamp required).

Section 1: Personal details

The changes are only for the following account(s):

Please tick if the changes are for all your accounts: Include at least one roll number above so we can identify your accounts.

Title: (e.g. Mr, Mrs, Dr) Forename(s): Surname:

Previous address:

Postcode:

Date of birth (dd/mm/yyyy):

Nationality: Country of residence: Occupation:

Daytime contact telephone number (inc. STD code):
(In case we need to contact you regarding this matter)

Email address: Home email: Work email:

Section 2: Account address details to change

New address:

Postcode: New home tel no (inc STD code):

New residential status (please tick appropriate box): Homeowner: Tenant (furnished): Tenant (unfurnished):
Student accommodation: with relatives: Other (specify):

What date would you like these change of address details to take place from? (dd/mm/yyyy)

Do you share your new letterbox with anyone other than your family: No: Yes:

If Yes, we may need to send certain items to a branch for you to collect as a security measure.

Please indicate which branch you'd like us to send them to:

Town/City: Branch name/Street:

Section 3: Customer Authority

If you have a joint account, this change of address will be used for both named account holders, so both need to sign.

I confirm that the information on this form is checked and correct.

Data Protection Notice - To see how we use your information please read the [privacy statement](#) or ask for a printed copy of this. We will use your information to contact you by mail, telephone, email, SMS or otherwise about any other products and services that may be of interest to you. If you do not wish to receive this information please advise your local branch or read our [full privacy statement](#) for details on how to opt out of this service. We may search credit reference and fraud prevention agencies to check your identity and help us make decisions. The agency keeps a record of our search, whether or not your application proceeds. Our search is not seen or used by lenders to assess your ability to obtain credit. By signing this form, you agree that we can use your information in the ways described.

Sole/First named account holder:

Signature:
Print name:
Date:

Second named account holder: (if applicable)

Signature:
Print name:
Date: