



Change of Client Name

To be completed by a client who intends to be commonly know by a new name, and wishes to use the new name to maintain an account at Heritage Isle Credit Union Ltd. Once completed, take this form and all original documents to your local branch to complete the change.

Member number	Daytime Contact number
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Previous Name

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs	Surname	Given Name (s)
<input type="checkbox"/> Master <input type="checkbox"/> Miss		

New Name

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs	Surname	Given Name (s)
<input type="checkbox"/> Master <input type="checkbox"/> Miss		

Reason for the change of name *** Please note all documents must be originals or where document provided does not confirm the Client's new name, collect an identity document(s) for the new name. (refer AML procedures for collection and confirmation of ID)**

<input type="checkbox"/> Divorce or Separation from partner	<input type="checkbox"/> Divorce Decree <input type="checkbox"/> Legal notice of Separation
<input type="checkbox"/> For personal safety reasons (Victim of Violence order/ threats of violence/ the dependent of such a person	<input type="checkbox"/> Court Order for name change
<input type="checkbox"/> Use the name which the client has adopted by marriage	<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Adoption, naturalisation or other name change	<input type="checkbox"/> Adoption decree <input type="checkbox"/> Court order
	<input type="checkbox"/> Certificate of naturalisation

New Contact Details (if applicable)

Residential Address – St No.	Street Name		
City/Suburb	State	Postcode	
Email	Home Phone	Work	Mobile

PO Box/ Street Number/name		
City/Suburb	State	

Please update all my accounts and access facilities to reflect my change of name & declare that the information contained in this form is true and correct.

Signature of Client /Legal Guardian (if client under 13 years)	Date
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Office Use only			
Compl:	Date	Checked Man/Sup	Date