

Part of the Department  
for Work and Pensions

Please complete Parts 1 to 4 then send this form to the address at Part 5.

### Part 1 Customer details currently held

**Title**      Mr     Mrs     Miss     Ms     Other

**Surname**       **Other names**

**AtW ref number**       **Email address**

### Part 2 New personal details

**Title**      Mr     Mrs     Miss     Ms     Other

**Surname**       **Address**

**Other names**

**Email address**        **Postcode**

### Part 3 New payee details

Please give us the bank or building society details of the person or organisation to be paid.

**Bank or building society name**

**Bank or building society address**

**Account name**

**Account number**

**Sort code**

**Building society roll number**

## Part 4 Declaration

- I understand that if I knowingly give information that is incorrect or incomplete I may be liable to prosecution or other action. Claims may be subject to validation and information may be checked with other sources including employers, suppliers and providers.

**Signature**

**Name**

**Date**

## Part 5 Return details

When you have filled in this form send it to