



Please enter Name & Address of Church, DC, SNU Fund or Trust

CHANGE OF CONTACT DETAILS FOR YOUR S.N.U. TRUST ACCOUNT

Please print clearly and provide 2 signatures at the bottom of the page. If your address has changed within the last 3 years, please provide your previous address on the back page.

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.....

TREASURER (all communication will be conducted through the Treasurer)

Title:..... Full Name:

Date of Birth Male [] Female []

(Please note: Failure to provide your date of birth will result in this form being returned to you)

Address:

..... Post Code

Home Tel: Mobile:

Email:

Signature:

Are you a signatory on this account? Yes [] No []

SNU TRUST REP (if different from above)

Title:..... Full Name:

Date of Birth Male [] Female []

(Please note: Failure to provide your date of birth will result in this form being returned to you)

Address:

..... Post Code

Home Tel: Mobile:

Email:

Signature:

Are you a signatory on this account? Yes [] No []

This form must be signed by two Officers of the Church/Organisation:

We certify that, to the best of our knowledge, all the details provided on this form are correct

Signature: Date:

Signature: Date:

If your address has changed in the last three years, please enter your previous address below:

Name:
Previous Address:
.....
..... Post Code:
Name:
Previous Address:
.....
..... Post Code:

Verification of Identity

As a Financial Services Provider, the SNU Trust is required by law to verify the identity of the persons who have signed this form. The Trust would like to make you aware that they will be performing identity checks via a secure on-line facility. Thank you for your co-operation.

For Office Use Only

SSheet	<input type="checkbox"/>	Date
ID	<input type="checkbox"/>	Date
DB	<input type="checkbox"/>	Date
Scan	<input type="checkbox"/>	Date