



Change Account Name/ Title of Account Authority

Police & Nurses Credit Society Limited
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CURRENT MEMBER DETAILS

Member Number _____ Date ____/____/____

Previous Surname _____

Previous Given Names _____

X

Previous Signature

NEW MEMBER DETAILS

New Surname _____

New Given Names _____

Documentation supporting name change sighted & attached

X

New Signature

OFFICE USE ONLY

Checklist:

- Cheque signatory card changed
- Cheque book changed
- Loan maintenance notified
- Computer records changed
- ATM card changed
- VISA card changed

Officer _____

Operator No. _____

Date ____/____/____