



# Change of Personal Details

**To be completed by the policyholder(s).**

After completing the form, please send it to us at [clientservices@veritasguernsey.com](mailto:clientservices@veritasguernsey.com). If your residential address has changed, please include proof of address, dated within the last three months (for example original utility or telephone bill, bank statement. Please note mobile phone bills are not acceptable). If you would like to provide a photocopy of the documents, it must be a certified true copy.

If you wish to discuss this, please call us on +44 208 044 5707, or alternatively contact your financial adviser.

Please complete the relevant sections if your information has changed. If the respective information has not changed, please leave it blank.

**To: Veritas Life**

Policy number(s):

If there are any further policy holders, please photocopy this page, attach the details with this form, and tick here.

**FIRST OR SOLE POLICYHOLDER**

Gender: (please tick)  Male  Female

Title: (please tick)  Mr  Mrs  Miss

Other (in full)

First name(s):

Last name(s):

New Residential Address:

Correspondence/ mailing address:

Postcode:

New landline telephone number including area code:

New work telephone number including area code:

New mobile telephone number:

New email:

**SECOND POLICYHOLDER (If any)**

Gender: (please tick)  Male  Female

Title: (please tick)  Mr  Mrs  Miss

Other (in full)

First name(s):

Last name(s):

New Residential Address:

Correspondence/ mailing address:

Postcode:

New landline telephone number including area code:

New work telephone number including area code:

New mobile telephone number:

New email:

### Declaration by Policy Holder

I understand that where required Veritas Life will correspond using the residential address only. I undertake to advise Veritas Life should I change my residential or correspondence address.

*Signature of First Applicant*

Date (dd/mm/yyyy):

*Signature of Second Applicant (if applicable)*

Date (dd/mm/yyyy):

*Signature of Third Applicant*

Date (dd/mm/yyyy):

*Signature of Fourth Applicant (if applicable)*

Date (dd/mm/yyyy):

#### Corporate/Trustee (if applicable)

*Signature of Authorised Signatory*

Full name of Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

Date (dd/mm/yyyy):