

Change of Address and/or Change of Name



Please place an X in the appropriate box(es) below:

Change of Address Change of Name

*Any field containing * is a mandatory field and must be completed.
Please read the notes overleaf before completing form.*

Customer 1 BLOCK CAPITALS

Customer 2 (If joint account) BLOCK CAPITALS

SECTION 1 – Account Number

IBAN*

SECTION 2 – Change of Address – see note 1 overleaf

Title* First Name(s)*

Surname*

Date of Birth*

Contact Telephone Number*

Previous Address*

New Address*

Eircode

Title* First Name(s)*

Surname*

Date of Birth*

Contact Telephone Number*

Previous Address*

New Address*

Eircode

SECTION 3 – Change of Name – see note 2 overleaf

Former Name

Title* First Name(s)*

Surname*

Former Signature*

New Name

Title* First Name(s)*

Surname*

New Signature*

Contact Telephone Number*

Former Name (If joint account)

Title* First Name(s)*

Surname*

Former Signature*

New Name

Title* First Name(s)*

Surname*

New Signature*

Contact Telephone Number*

SECTION 4 – Signature & Witnessing – All Account Holders must sign in the presence of a witness – see note 3 overleaf

As specified above, I/We, the Account Holder(s), request you to amend my/our address and/or name details

Signature 1*

Witness Name*

Witness Address*

Eircode

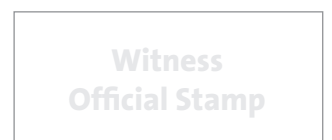
Signature 2*

Witness Signature*

Witness Occupation*

Witness Contact Telephone Number*

Date*



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NOTES

General Information

Please complete the form in **BLOCK CAPITALS** using black or blue ink.

1. Change of Address

If you have changed address, please complete “Section 1 – Account Number”, “Section 2 – Change of Address” and “Section 4 – Signature & Witnessing”. Proof of your new address must accompany all applications for change. In the case of a joint account, both joint account holders will need to provide proof of the new address. Your new address may be verified by forwarding **one** of the following documents (which must show your **new** address); a recent household bill, bank statement, official document from the Revenue Commissioners or the Department of Social Protection (not older than 6 months). An original document or a certified copy is required. If forwarding a certified copy, it must be stamped and certified by one of the following; a Post Office Official, Member of An Garda Síochána or a practising Solicitor/Commissioner for Oaths. Any original documents will be returned to you.

2. Change of Name

If you have changed your name, please complete “Section 1 - Account Number”, “Section 3 - Change of Name” and “Section 4 - Signature & Witnessing”. Your change of name request must be accompanied with supporting documents being either; marriage certificate, deed poll certificate, or decree absolute in the case of a divorce. An original document or a certified copy is required. If forwarding a certified copy it must be stamped and certified by one of the following; a Post Office Official, Member of An Garda Síochána or a practising Solicitor/Commissioner for Oaths. As a change of name will necessarily invoke a change of signature, you must also provide a sample signature. Any original documents will be returned to you.

3. Signature & Witnessing

Please note for Change of Name and/or Change of Address this form must be witnessed by one of the following; a Post Office Official, Member of An Garda Síochána or a practicing Solicitor/Commissioner for Oaths and stamped accordingly. For joint accounts all parties should be present at the completion and signing of the form.

PERSONAL DATA

An Post is the Data Controller for An Post Smart Account. Any Personal Data returned by you to us on this form will be used by An Post and its authorised agents for the administration of Smart Account products and accounts.

OFFICIAL USE ONLY

Signature Checked	Amendment(s) Completed	Date	Case No
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