Change of details form

Scottish Infected Blood Support Scheme (SIBSS)

# Section 1 Your details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is your SIBSS reference number? | **X** | **S** | **B** |  |  |  |  |  |

Please provide the following information, as currently held by the scheme:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  |  | Middle Name |  |
|  |  |  |  |  |
| Surname |  |  | Date of Birth |  |
|  |  |  |  |  |

# Section 2 Change of name notification

**If you wish to inform the scheme of a change of name, please provide your new name here:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  |  | First Name |  |
|  |  |  |  |  |
| Middle Name |  |  | Surname |  |

|  |  |
| --- | --- |
| Reason for name change |  |

**Please send a copy of an official document to confirm the name change when returning this form.**

# Section 3 Change of address notification

**If you wish to inform the scheme of a change of address, please complete this section:**

Please confirm the address details we currently hold for you:

|  |  |
| --- | --- |
| Previous Address |  |
|  |  |  |  |
|  |
|  |  |  |  |
|  |  | Post Code |  |

Please confirm your new address:

|  |  |
| --- | --- |
| New Address |  |
|  |  |  |  |
|  |
|  |  |  |  |
|  |  | Post Code |  |

If your telephone number(s) are also changing, please advise us of your new number(s) here:

|  |  |  |  |
| --- | --- | --- | --- |
| Home No |  | Mobile No |  |

N 4

# Section 4 Change of bank details

**If you wish to inform the scheme of a change to your bank details, please complete this section:**

Please confirm the bank details we currently hold for you:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sort Code |  |  | **–** |  |  | **–** |  |  |
|  |  |  |  |  |  |  |  |  |
| Account Number |  |  |  |  |  |  |  |  |

Please confirm the new bank details you would like us to make payments to now:

|  |  |
| --- | --- |
| Name(s) of Account Holders(s) |  |
|  |  |  |  |  |  |  |  |  |
| Sort Code |  |  | **–** |  |  | **–** |  |  |
|  |  |  |  |  |  |  |  |  |
| Account Number |  |  |  |  |  |  |  |  |

If your new bank details are for an overseas account, please provide the following details:

|  |  |
| --- | --- |
| Name(s) of Account Holders(s) |  |
|  |  |
| Bank Name |  |
|  |  |
| Bank Address |  |
|  |  |
| SWIFT BIC |  |
|  |  |
| Account Number |  |

# Section 5 Change of status notification

**If you wish to inform the scheme of a change of status please tick as per below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Status** | **✓** | **New Status** | **✓** | **Date of Change** |
| Single |  | Single |  |  |
| Married |  | Married |  |  |
| Civil Partnership |  | Civil Partnership |  |  |
| Widowed |  | Widowed |  |  |
| Divorced |  | Divorced |  |  |
| Separated |  | Separated |  |  |
| Living with Partner |  | Living with Partner |  |  |

Please send a copy of an official document to confirm the status change when returning this form

E.g, marriage certificate, council tax return, electoral register documentation.

# Section 6 Signature of beneficiary

Please sign below to confirm that you request the Scottish Infected Blood Support Scheme to update the details we hold to the new details specified above:

|  |  |
| --- | --- |
| Name |  |
|  |  |
| Signature of Beneficiary |  |  | Date |  |

**The completed form should be sent to:**

Scottish Infected Blood Support Scheme

Practitioner Services

Gyle Square

1 South Gyle Crescent

Edinburgh, EH12 9EB