

**SCOTTISH INFECTED BLOOD SUPPORT SCHEME
CHANGE OF DETAILS FORM**

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	<input type="text"/>	Middle Name	<input type="text"/>
Surname	<input type="text"/>	Date of Birth	<input type="text"/>

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	<input type="text"/>	First Name	<input type="text"/>
Middle Name	<input type="text"/>	Surname	<input type="text"/>
Reason for name change	<input type="text"/>		

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	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>

Please confirm your new address:

New Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>

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

Home Telephone Number	<input type="text"/>
Mobile Telephone Number	<input type="text"/>

SECTION 4 CHANGE OF BANK DETAILS NOTIFICATION

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 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