



Cynllun Cynorthwyo Gwaed
Heintiedig Cymru
Wales Infected Blood
Support Scheme

Form H

CHANGE OF DETAILS

SECTION 1 YOUR DETAILS

What is your WIBSS reference number?

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

First Name	<input style="width: 250px; height: 20px;" type="text"/>	Middle Name	<input style="width: 250px; height: 20px;" type="text"/>
Surname	<input style="width: 250px; height: 20px;" type="text"/>	Date of Birth	<input style="width: 250px; height: 20px;" 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 style="width: 250px; height: 20px;" type="text"/>	First Name	<input style="width: 250px; height: 20px;" type="text"/>
Middle Name	<input style="width: 250px; height: 20px;" type="text"/>	Surname	<input style="width: 250px; height: 20px;" type="text"/>

Reason for name change

Please enclose a copy of an official document confirming the name change when returning the 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 style="width: 650px; height: 20px;" type="text"/>		
	<input style="width: 650px; height: 20px;" type="text"/>		
	<input style="width: 250px; height: 20px;" type="text"/>	Post Code	<input style="width: 250px; height: 20px;" type="text"/>

Please confirm your new address:

New Address	<input style="width: 650px; height: 20px;" type="text"/>		
	<input style="width: 650px; height: 20px;" type="text"/>		
	<input style="width: 250px; height: 20px;" type="text"/>	Post Code	<input style="width: 250px; height: 20px;" type="text"/>

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

Home Telephone	<input style="width: 250px; height: 20px;" type="text"/>	Mobile Telephone	<input style="width: 250px; height: 20px;" type="text"/>
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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 Wales 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: Wales Infected Blood Support Scheme
 Velindre Cancer Centre
 Velindre Road
 Whitchurch
 Cardiff CF14 2TL