



Cynllun Cymorth 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 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(s)	<input type="text"/>	Surname	<input 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:

Postcode

Please confirm your new address:

Postcode

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

Home Telephone Number

Mobile Telephone Number



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:

		-			-		
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Account Number:

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

Name(s) of Account Holders(s):

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Sort Code:

		-			-		
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Account Number:

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

Name(s) of Account Holders(s):

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Bank Name:

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Bank Address:

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SWIFT BIC:

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Account Number:

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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**