

CHANGE OF DETAILS DECLARATION

Please complete this section then one of Sections A or B below, depending on the method of payment required. To avoid any delay in payment please ensure this form is returned by post to: - **Joanne Dalgleish, Education Support Services, Children, Young People and Lifelong Learning (CYPLL), 122-124 Irish Street, Dumfries. DG1 2PB** or by email to educationsupport@dumgal.gov.uk

Name _____ (Block Caps)

Date of Birth _____ Contact Tel No _____

E-mail Address _____

National Insurance number

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I authorise payment into my account details below:-

Signature _____ Date _____

A. PAYMENT INTO YOUR BANK ACCOUNT

Name and Address of Bank:- _____

Bank Sort Code (6 digits)

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Bank Account Number (8 digits)

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B. PAYMENT INTO YOUR BUILDING SOCIETY ACCOUNT

Please arrange for this section to be completed by your Building Society and have the form stamped by them as evidence that the details are correct. NB Some Building Societies are not full members of the clearing system and although payment will be transmitted to the Building Society's account, there may be a delay in them crediting your account. If you do encounter delays you should contact the Building Society concerned.

Building Society Bank Sort Code

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Building Society Bank Account Number

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Building Society Bank Account Roll Number

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Building Society Name and Address Stamp:-

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Signed _____ Date _____

Contact Telephone Number: _____

CHANGE OF DETAILS DECLARATION

A. CHANGE OF PARENT/GUARDIAN NAME (i.e. change to surname)

Previous Applicant Name: _____

Current Applicant Name: _____

National Insurance Number: _____ Date of Birth: _____

Name(s) of Child(ren) on existing application: _____

B. CHANGE OF ADDRESS:

Applicant Name: _____

National Insurance Number: _____ Date of Birth: _____

Previous Address: _____

Postcode _____

Current address: _____

Postcode _____

Name(s) of Child(ren) on existing application: _____

C. NEW P1 CHILD OR ADDITIONAL CHILD TO ADD TO YOUR EXISITING APPLICATION

Applicant Name: _____

Address: _____

National Insurance Number: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

School Name: _____

Year group entered from August 2019: _____

Signed _____ Date _____

Contact Telephone Number: _____