SAVINGS ACCOUNT AMENDMENT REQUEST



YU																																			
Name(s) of Saver(s)																																			
Δςς	Account number(s)																																		
(whice	/hich amendment(s) lates to)																																		
You	r pas	sboo	k(s)	mus	st ac	com	pany	this	for	m to	enal	ble t	he S	ociet	y to	mal	ce th	e am	nend	men	t(s)	requ	este	d.											
TYPE OF AMENDMENT/NOTIFICATION																																			
Cha	nge	of ad	dres	ss/co	onta	ct de	etails	5					Complete Sect						s 1, :	2, 6,	7, 8	& 1	0												
Cha	nge	of na	me											C	omp	lete	Sec	tion	s 1,	3,6	, 7, 8	3 & 1	0												
Cha	inge	of int	teres	st in:	stru	ction	1S							C	omp	lete	Sec	tion	s 1,	4, 6,	7, 8	& 1	0												
CH	ANG	E O	FA	DD	RES	SS A	ND	/OF	CC	NT	ACT	DE	TAI	LS																					
	nis a	chan	iae c	of ad	dres	s or	con	tact	deta	ails f	or al	l Sa	ver(s	5)?	YE	S		NO																	
ls th																																			
			_				the	cha	nae	annl	ies												If NO, enter Saver(s) to whom the change applies												
			_				the	cha	nge	appl	ies																								
			_				the	cha	nge	appl	ies																								
If N	0, er	ter S	save	r(s) i	to wl		the	cha	nge	appl	ies																								
If N		ter S	save	r(s) i	to wl		the	cha	nge	appl	ies																								
If N	0, er	ter S	save	r(s) i	to wl		the	cha	nge	appl	ies																								
If N	0, er	ter S	save	r(s) i	to wl		the	cha	nge	appl	ies																								
If N	0, er	ter S	save	r(s) i	to wl		the	cha	nge	appl	ies																								
If N	0, er	ter S	save	r(s) i	to wl		the	cha	nge	appl	ies																								
If N	0, er	ter S	save	r(s) i	to wl		the	cha	nge	appl	ies			F	Posto	code																			
If N	O, er	ident	sial a	r(s)	ess	hom								F	Posto	code																			
If N	0, er	ident	sial a	r(s)	ess	hom						[F	Posto	code																			
If N	O, er	ident	sial a	r(s)	ess	hom								F	Posta	code																			
If N	O, er	ident	sial a	r(s)	ess	hom						[[f	Posto	code																			
If N	O, er	ident	sial a	r(s)	ess	hom						[]		F	Posto	code																			
If N	O, er	ident	sial a	r(s)	ess	hom										code																			

This amendment will change the records on all your Progressive savings accounts.

3. CHANGE OF NAME

	Please tick the box to indicate the m stated adjacent to that box.	ethod/	reason for your name change and provide the documentation
	stated dajacem to that box.		Required Documentation
	Marriage/Civil Partnership		Marriage/Civil Partnership Certificate
	Divorce/Dissolved Civil Partnership		Decree Absolute/Dissolution Order
	Deed Poll/Statutory Declaration		Deed Poll/Statutory Declaration
	Gender Recognition		Gender Recognition Certificate/new Birth Certificate
	Other		Please specify the reason
	Saver's new name (where applicable)		
	You will be required to complete a sa	vinas a	application form in your new name for each account you hold.
	inis amendment will change the re	coras	on all your Progressive savings accounts.
4.	CHANGE OF INTEREST INSTR	UCTI	ONS
	I/We require interest to be: (please ti	ck one	e of the following)
	A. Added to this account		
	B. Paid to a Progressive accoun	t Ac	count no.
	C. Paid to another bank/building	g socie	ety
	Other bank/building society accoun	t deta	ils
	Name of bank/building society		
	Sort code	Ac	count no.
	Account name		
	Payment reference		
	Please refer to the Savings Service A interest is paid.	Agreem	nent and the relevant account Summary Box to confirm how
5.	NOTES		

6. SELF CERTIFICATION Question A should be completed by the account holder(s) A. Are you a citizen and tax resident of the UK only? (please tick) First Saver Yes No Second Saver Yes No If NO, you will be required to complete a separate self certification form. If this account is a nominee account complete question B. (A nominee account is an account in which the named holder holds funds on behalf of another (the beneficiary) e.g. a parent holding an account on behalf of a child). B. Are you a citizen and tax resident of the UK only? (please tick) First Nominee Yes No Second Nominee Yes No [If NO, you will be required to complete a separate self certification form. 7. SENIOR PUBLIC FIGURE Senior Public Figure Are you currently or have you ever been a senior public figure? Yes No stSenior public figure – occupying or have occupied a senior position in the government in any department, agency, subsidiary government organisation or political party. If 'YES' please state your position and dates in position То From Please name any senior public figure you are related to or have connections with and state the nature of the relationship Relationship

8. MARKETING

The Society would like to send you information about products and services which it feels may be of interest to you by post, telephone, email and SMS. This may be through a third party acting on it's behalf. If you agree to being contacted in this way please tick the relevant boxes:

	Post	Telephone	Email	SMS
Saver one				
Saver two				

You can withdraw this consent at any time by contacting your branch.

9. USE OF YOUR INFORMATION

You will be required to prove your identity as the account holder, Nominee, Controller, account signatory or beneficial owner when opening a new account and at various points throughout our relationship. The Society will undertake a search with a credit reference agency or a data reference agency for this purpose. They will supply us with information, including information from the Electoral Register, for the purpose of verifying your identity. A record of the search will be retained. The search will not be seen or used by lenders to assess your ability to obtain credit. This information may also be used for the prevention of money laundering.

If the Society cannot check your identity from the information you provide then we will require you to provide two items of documentation as proof of your identity. Further information on the agency searches and a list of acceptable documents for identification purposes can be found in our leaflet 'Proving Your Identity' which can be accessed at **theprogressive.com**.

The Society will rely on the following legal basis for processing your personal data. The processing is necessary for:

- the performance of a contract with you or to take steps to enter into a contract;
- compliance with a legal obligation;
- the purposes of legitimate interests pursued by us or a third party.

By signing this form you are confirming that you:

- have read the section 'Use of Your Information' and you agree to your information being used in this way:
- agree to the use of your personal information to enable the Society to provide you with payment services, such as electronic payments, to and from your account. You may withdraw your consent by closing your account.

10	S	IGN	ΙΔΤ	UR	F	S
				\mathbf{v}		· —

1st Saver's signatur	re	2nd Saver's signature					
Date		Date					
FOR BRANCH USE (Saver 1		Saver 2				
ID produced							
Reference number/ serial number							
Original document checked & copied							
Issue date/valid until							
Valid ID previously presented							
Previously presented account number							
	Cashiers initials	5	Branch code				
IF POSTAL AMENDA	MENT PLEASE TICK						
FOR HEAD OFFICE	JSE ONLY						
Input by:		Date:					
Checked by:		Date:					