



notification of a change of address

Full name:

Previous surname
(if applicable):

Membership number (from correspondence received):

Date of birth:

 / /

Old address:

New address:

Date on which this change is effective from:

 / /

Telephone number(s):

Home:

Work:

Mobile:

PLEASE NOTE: IF YOU ARE INFORMING US OF A CHANGE OF NAME YOU SHOULD FORWARD THE APPROPRIATE ORIGINAL CERTIFICATES

"I understand that the information given on this form may be stored and that under the Data Protection Act 1998, I have a right to see the information on application to the Data Protection Officer, Wolverhampton City Council.

The City Council's Data Protection Officer can be contacted on (01902) 554498, or via email at dataprotection@wolverhampton.gov.uk"

Return address:

West Midlands Pension Fund

PO Box 3948, WOLVERHAMPTON, WV1 1XP.

Signature:

Date:

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