

Lost Passbook Form

Account Information		
Customer Name:	<input type="text"/>	Date of birth: <input type="text"/>
Account Number:	<input type="text"/>	Telephone No: <input type="text"/>
Customer Number (for office use only):	<input type="text"/>	Email: <input type="text"/>
Address:		
<input type="text"/>		<input type="text"/>
<input type="text"/>		Post Code <input type="text"/>

Action Required	
I/we declare that the passbook for the above numbered account has been lost or misplaced and I/we request that you stop all transactions until further notice and: (please tick the appropriate box)	
<input type="checkbox"/>	Issue a new passbook under a new account number. The existing account number will no longer be valid. Note: if applicable, your bank/employer should be instructed to arrange for future payments to be credited to your new account number. Please ask for a salary credit mandate if this is the case.
<input type="checkbox"/>	Issue a replacement passbook for my ISA / Monthly Saver / Monthly Income Account
<input type="checkbox"/>	Close the above numbered account
Date & time of incident	<input type="text"/>
Date & time reported	<input type="text"/>
I/we confirm that all reasonable measures have been taken to recover the original passbook and if located I/we will present this to the Society immediately for cancellation.	
In the event of the original passbook having been stolen, please report the theft to the Police as soon as possible.	

Signature 1	<input type="text"/>	Signature 2	<input type="text"/>	Date	<input type="text"/>
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Emergency withdrawal - one off emergency allowed when reporting a loss (in branch only) if via post please provide a withdrawal form with this form.					
Date:	<input type="text"/>	Amount:	<input type="text"/>	Authorised by:	<input type="text"/>

Located Passbook(s)	
I/we declare that the passbook for the above account which was previously reported lost or misplaced has been found and is in my/our possession. The Society has not issued a replacement passbook to me/us.	
Signed: _____	Date: _____
Signed: _____	Date: _____

OFFICE USE ONLY	Date & time	Initials
LPB form received		
Warning added		
Verification questions completed		
Identification updated		
Imaged		
Warning removed		
	Number	Initials
New account number(s)		
New passbook serial number(s)		