

Lost Passbook Form

Account Information

Customer Name:

Account Number(s):

Customer Number (for office use only):

Address:

 Post Code

Action Required

I/we declare that the passbook(s) for the above numbered account(s) have been lost or misplaced and I/we request that you: (please tick the appropriate box)

- Please suspend all transactions until further notice
- Issue a new passbook under a new account number
Note: if applicable, your bank/employer should be instructed to arrange for future payments to be credited to your new account number(s). Please ask for a salary credit mandate if this is the case.
- Issue a replacement passbook for my ISA / Monthly Saver / Monthly Income Account
- Close the above numbered account(s)

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(s) having been stolen, the theft must be reported to the Police by the account holder(s) as soon as possible.

Signature 1	<input type="text"/>	Date	<input type="text"/>
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Signature 2	<input type="text"/>	Date	<input type="text"/>
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Located Passbook(s)

I/we declare that the passbook(s) for the above account(s) which was previously reported lost or misplaced have now been found and are in my/our possession. The Society has not issued a replacement passbook(s) to me/us.

Signed: _____ Date: _____

Signed: _____ Date: _____

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