



THE SHIPBUILDING INDUSTRIES PENSION SCHEME

## CHANGE OF PERSONAL INFORMATION FORM

### (A) Existing Details

|                    |   |
|--------------------|---|
| Surname:           | <input type="text"/>  |
| Forename(s):       | <input type="text"/>  |
| NI Number:         | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| DOB:               | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      |
| Employing Company: | <input type="text"/>  |

### (B) Amended Details

- Date Change Effective From:

|   |   |   |
|---|---|---|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|---|

- Change of Marital Status to:

Please also send a copy of your marriage certificate

- New Name:

Please send verification of new name e.g. marriage certificate, change of name deed.

- New Address: