



Gloucester Library
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 Gloucester GL1 1HT
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Change of Circumstance Form

Full Name (Block Capitals)

Address

.....Post Code

Membership Number

Please indicate reason for change by ticking appropriate box:

- Change of Address
- Change of Telephone No
- Change of Name
- Change of Beneficiary
- Change of Employer
- Other

Please give details of change below:

.....

Signed:.....

Date:.....

Office Use only Date Actioned:
 Action By: