



RETURN THE FORM TO: BCS Customer Service
3 Newbridge Square
Swindon
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E: customerservice@bcs.uk
W: www.bcs.org

Name Change Request Form

Please refer to the Name and Gender Change Policy before completing this form

Candidate Number (If known)		BCS Membership Number (If applicable)	
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Your details as currently held by BCS

Title (Mr/Mrs/Ms/Dr etc.)		First Name	
Surname/Last/Family Name		Other Name(s)	
Date of Birth (DD/MM/YY) For validation purposes			

Your details as you wish to be known

Title (Mr/Mrs/Ms/Dr etc.)		First Name	
Surname/Last/Family Name		Other Name(s)	

Please indicate below your reason for changing your name:

Marriage / Civil Partnership <input type="checkbox"/>	Divorced / Dissolved Partnership <input type="checkbox"/>	Deed poll / Statutory Declaration <input type="checkbox"/>
If other, please specify the reason:		

Supporting Documents:

Please send us a copy of the official legal document indicating a name change (e.g. marriage licence, divorce decree or deed poll document) or if these documents aren't available, please see the Name and Gender Change Policy for other suitable ID forms.

I certify that I am the person named on this form and all the information is accurate. I understand that by signing this form I express my free consent to the processing of my data in accordance with the BCS Privacy Policy. I understand that I can withdraw my consent to the processing of my data at any time by contacting BCS.

Signature:

Date (DD/MM/YY):