

[illegible]

Your **old** address:

[illegible]

Your **new** address:

|               |  |  |  |  |  |             |  |  |  |  |  |  |  |  |            |  |  |  |  |  |
|---------------|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|
| House number: |  |  |  |  |  | House name: |  |  |  |  |  |  |  |  |            |  |  |  |  |  |
| Street name:  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |            |  |  |  |  |  |
| Town:         |  |  |  |  |  |             |  |  |  |  |  |  |  |  |            |  |  |  |  |  |
| County:       |  |  |  |  |  |             |  |  |  |  |  |  |  |  | Post code: |  |  |  |  |  |
| Telephone:    |  |  |  |  |  |             |  |  |  |  |  |  |  |  |            |  |  |  |  |  |

I / We hereby notify Anglo Irish Bank of a change of address. Effective from       please change my / our address to the new address given above.

I / We hereby notify Anglo Irish Bank of a change of telephone number. Effective from 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

 please change my / our telephone number to the new number given above.

First applicant's signature:

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Second applicant's signature (if applicable):

1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

### Required Documents:

We require one original form of identification from each account holder confirming their NEW address. Please forward one item from the following list:

**Inland Revenue Notice of Tax Coding.**

**Utility Bill received within the last six months for your New address (Mobile Phone bills are not acceptable).**

**Council Tax bill for the current year for your New address.**

**Bank or Building Society statement received within the last three months showing your New address.**

### Return Details:

Please ensure that you have filled in all required details as above and signed and dated the form. Please send the completed form to the address below (Please note that no postage is required):

Anglo Irish Bank  
FREEPOST LON21430  
London  
EC2B 2OB

0845 455 22 22\*

[angloirishbank.co.uk](http://angloirishbank.co.uk)

\* Call will be recorded and may be monitored for training and regulatory purposes. Telephone lines open 8am-8pm, Monday – Friday, excluding bank holidays in England and Wales. BT landline calls to 0845 numbers will cost no more than 5 pence per minute. Charges from other service providers may vary and calls from mobiles usually cost more.

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