

# Client change of address form

Please complete in BLOCK CAPITALS using BLACK INK. **PLEASE NOTE:** Any forms received that are not completed correctly may incur delays or may have to be returned to you.

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## Personal Details

TITLE

SURNAME

FIRST NAME(S) IN FULL

ACCOUNT OR CUSTOMER REFERENCE NUMBER

DAYTIME CONTACT TELEPHONE NUMBER

Are you a resident in the UK for tax purposes? If yes please mark this box

NATIONAL INSURANCE NUMBER  
(Will be 9 characters: 2 letters, 6 numbers followed by the letter A, B, C, or D.)

NO NATIONAL INSURANCE NUMBER?  
If you have never been issued with a National Insurance Number please mark an X in the box.

Are you also a resident in any other country(s) for tax purposes? If so please complete the following fields

FIRST COUNTRY

FIRST COUNTRY TAX IDENTIFIER

ADDITIONAL COUNTRY

ADDITIONAL COUNTRY TAX IDENTIFIER

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## Address Details

### Previous Address

ADDRESS  
HOUSE NUMBER AND/OR HOUSE NAME

STREET, CITY, COUNTY AND COUNTRY DETAILS

POSTCODE

### New Address

ADDRESS  
HOUSE NUMBER AND/OR HOUSE NAME

STREET, CITY, COUNTY AND COUNTRY DETAILS

POSTCODE

EFFECTIVE DATE (Refer to declaration overleaf for details)

### Declaration & Signature

- The change of address instruction form must be signed by the account holder. In the case of joint holding accounts, all the account holders should sign the form unless there is a special renunciation authority set up on the account.
- The effective date provided should be within 2 weeks of the date of the instruction, those beyond 2 weeks will not be executed.
- If the effective date is not provided, the change of address will be actioned with immediate effect.
- Please note that dealings in products offered by Fidelity and FundsNetwork will be restricted if you cease to be resident in the UK.
- The information given by me is correct to the best of my knowledge, and I will inform Fidelity immediately of any changes to the information contained therein.
- For corporate accounts, we require two authorised signatories' signatures. Alternatively, the instruction can be signed by one of the authorised signatories and stamped by the Company Seal.

**SIGNATURE AND DATE (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form)**

If you are signing the application form by Power of Attorney, please call Fidelity for the details of documentation that is required for this to be acceptable.

PRIMARY ACCOUNT SIGNATURE	✕		✕	
SECOND ACCOUNT SIGNATURE	✕		✕	
THIRD ACCOUNT SIGNATURE	✕		✕	
FOURTH ACCOUNT SIGNATURE	✕		✕	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If you have any queries about this form please visit [fidelity.co.uk](http://fidelity.co.uk) or telephone 0800 41 41 61. Please send your completed form to Fidelity, PO Box 391, Tadworth, KT20 9FU. Issued jointly by Financial Administration Services Limited and FIL Investment Services (UK) Limited. All companies are authorised and regulated by the Financial Conduct Authority. Fidelity, Fidelity International, FundsNetwork™, their logos and F symbol are trademarks of FIL Limited.

