



RETURN THE FORM TO: **BCS**  
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## Name and/or Gender Change Request Form

<b>Candidate Number</b> (If known)		<b>BCS Membership Number</b> (If applicable)	
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### Previous Details

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

### Home Address

Address			
Country		Home Telephone Number	
Post Code/Zip Code		Mobile Number	
Email Address			

### New Details

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

### Reason for Name Change

#### Supporting Documents:

- **For name only change** - please send us a copy of the official legal document indicating a name change (e.g. marriage licence, divorce decree or deed poll document).
- **For gender change** - please send us a copy of your Gender Recognition Certificate or Statutory Declaration or Change of Name form.

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

I confirm that all the information provided on this form is accurate.

Candidate Signature		Date	
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