



RETURN THE FORM TO: **BCS**
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Name Change Request Form

Candidate Number (If known)		BCS Membership Number (If applicable)	
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Previous Details

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

Home Address

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

New Details

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

Reason for Name Change

Please include with this form a copy of the official legal document indicating a name change (e.g. marriage licence, divorce decree or deed poll document). Please refer to the Name Change Policy if you require further guidance.

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

Candidate Signature		Date	
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