

PLYMOUTH ARENA

CHANGE OF CIRCUMSTANCES

**ICONIC.
INDEPENDENT.
YOURS.**

Please complete the relevant sections for any change of personal circumstances and **return this form to the Office Administrator.**

Full Name	
Date	
Department	

CHANGE OF NAME - Proof must also be provided e.g. marriage certificate	
Old Name	
New Name	

CHANGE OF ADDRESS	
Old Address	
New Address	

CHANGE OF EMAIL/NUMBER	
Old Email	
New Email	
Old Number	
New Number	

CHANGE OF NEXT OF KIN DETAILS	
Full Name	
Full Address	
Contact Number	
Relation to you	

CHANGE OF BANK DETAILS	
Bank Name	
Bank Address	
Sort Code	
Account No.	

Employee Signature	
Date	

Admin Signature	
Date	

ADMINISTRATOR USE ONLY	
Sent to Payroll	
Updated Staff List	
Added to Personal File	