



Change of Bank

London & Colonial Assurance PCC Plc (LCA) to of STM Group's Privacy Notice can be found						
Full name:						
Preferred contact phone number:	ŀ	Policy No:				
1. Existing Bank Details (plea	se cor	mplete fully)				
Name of bank:		Sort Code: (If applicable)				
Country:		Account number				
Account name:		IBAN:	:			
2. Your New Bank Details (pl	ease (complete full	ly)			
Name of bank:		Account number	:			
Address:		BIC Code:	:			
		SWIFT				
Account name:		Please confirm currency:	+		€	\$
Sort Code: (If applicable)	If c	other please specify:				
IBAN:						
Please attach a recent certified copy of your bank	k stateme	ent (not more than	3 months	old).		
Signature:		Date:				
Who can certify and witness documents: The person certifying the documents mu		professional pe	rson suc	h as a	banker,	lawyer, or
accountant with verifiable credentials and						
Related to you						
Living at the same addressIn a relationship with you						
Where copies of original documents are provi	ided the	u must be proper	lu certifie	d usina	the corr	ect wording
and certified by the correct person, as detail			.g	u		9
Certified to be a true copy of the original a Where the document contains a photogra photograph.			true like	ness of	the per	son in the
Name: (of the person cert Tel. number: (of the person cert Position: (of the person cert	ifying)	Company: Date: Signature:	(the date	the cert	ification	was made)





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