**CHANGE OF COMPANY NAME/SCHEME NAME**

This form allows the Trustees to notify Risk Assurance Management Limited of a change in respect of the name of the Principal Employer and/or the Scheme.

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| --- |
| **Scheme Name:** Click or tap here to enter text. |

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| --- |
| **Policy Number:**  Click or tap here to enter text. |

We hereby apply to Risk Assurance Management Limited to make the following amendments in respect of the above named Scheme:

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| **Effective Date of Change:**  Click or tap here to enter text. |

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| --- |
| **New Name of the Principal Employer:**  Click or tap here to enter text. |

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| --- |
| **Address:**  Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. |

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| --- |
| **Companies House Registration No:**  Click or tap here to enter text. |

Where the name of the Principal Employer has changed, please attach a copy of the Certificate of Incorporation. [ ]  Please tick if attached

|  |
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| **New Scheme Name:** Click or tap here to enter text. |

Have the Trust Deed and Rules been amended accordingly? [ ]  Yes [ ]  No

We agree that a copy of this signed document will be legally valid.

|  |  |
| --- | --- |
| **Signature:** **Full Name** **(please print):****Position:****Date:**  |  Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. |

NB: This form must be completed and signed by a Trustee or an individual authorised to sign on behalf of the Trustees. As part of our verification procedure we must be able to authenticate the signature against a specimen signature held on file.

Change of Details Form (SF1) 04.2024