

Notification of a change of address

Please complete this form to notify us of a change of address.

Please complete this form using BLOCK capitals

Please return your completed form to:

Invesco Perpetual
PO Box 11150
Chelmsford
CM99 2DL, UK

If you have any questions
please speak to your financial adviser
or contact us on:
Telephone 0800 085 8677
Textphone 01491 576104
Facsimile 01491 416000

www.invescoperpetual.co.uk

Telephone calls may be recorded.

Notes on completing this form

- Please ensure that you provide all account numbers.
- If you are the sole account holder, you must complete all fields in section 01.
- For accounts where there is more than one account holder, please ensure that section 01 and section 02 are completed. All joint holders' signatures must be provided.
- For accounts held in the name of an entity, please ensure that sections 01 and 03 are completed.

If any relevant information is missing we will not be able to carry out your instructions until written clarification is received.

Data Protection Act

Any information you (or your representative) provide to us (or which we observe from the use you make of our products and services) may be processed and held by us, or transferred to other Invesco Ltd companies or to the group's service providers, business associates or agents, credit reference agencies and used for administration, assessment and analysis purposes (including market and product analysis and behaviour scoring, to check your identity, prevent and detect fraud and/or money laundering and to recover debts). We may also use it to develop and inform you about financial and other products and services we offer, and to protect the group's interests. This may involve transfers outside the European Economic Area (EEA), including the USA, to countries where data protection laws may not be as strong. However, it will be processed and maintained to the same standards as if it were still within the EEA. By providing us with this information, you consent to these transfers and uses, and to any disclosure required by law. Our Privacy Policy is available upon request.

01 About you																																									
Account number/s	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																								
Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text"/> Other please specify																																								
Surname/Name of entity	<input type="text"/>																																								
Other names (in full)	<input type="text"/>																																								
Telephone	Daytime <input type="text"/> Alternative <input type="text"/>																																								
Date of birth	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y																																		
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	Data Protection Act Please ensure you read and understand how we use the information you provide to us on this form. If you do not wish to receive information from us about our other products and services, please tick this box.																																								
New permanent residential address including postcode	<input type="text"/> <input type="text"/> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																								
Previous permanent residential address including postcode (the address we currently have on our records)	<input type="text"/> <input type="text"/> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																								
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02 Joint holders (if applicable)																																									
Please confirm below if this change of address should apply to any other joint holder.																																									
Joint holder's full name and signature	Name <input type="text"/> Signature <input type="text"/> Date <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y																																		
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	<input type="checkbox"/> Please change my permanent residential address as detailed in section 01																																								

Joint holder's full name and signature	Name	
	Signature	Date
		d d m m y y
	Please change my permanent residential address as detailed in section 01	
In the case of corporate holdings, please ensure that two authorised signatories complete section 03 below.		

03

Corporate holding signatures

In the case of corporate holdings, please ensure that two authorised signatories complete the boxes below.

Full name of signatory

Signature

Date

d d m m y y

Capacity

Full name of signatory

Signature

Date

d d m m y y

Capacity