



**CHANGE OF NAME AND/OR ADDRESS**

**REG NO.** (*Gib Health Card No.*)

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**Previous Details**

**Name**

**Date of Birth**

**Address**

**Telephone number**

**New Details – Documentary evidence will be requested**

**Name** (*Please provide a copy of your I.d. card or Passport*)

**Address** (*Please provide the following:-  
 (Current Water/Electricity/Rates Bill and Deeds or Rent Tenancy Agreement)*)

**Telephone number**

**Details of your Household occupants (if any)**

Name	Date of Birth	GPMS No.	Relationship to you

**Any person who, for the purpose of obtaining benefits wilfully makes false declaration or withholds any information will render themselves liable to legal proceedings.**

I ..... hereby declare that the information given above is true to my best knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date