Lost or Stolen cheque declaration form

Please complete and sign this form and hand in to a member of staff or post to us at Saffron Building Society, Saffron House, 1A Market Street, Saffron Walden, Essex CB10 1HX



Your account number	Please input your accou	t number	here:											
Name and address	Name of account													
Please complete in full.	Address													
	Postcode													
	Best contact telephone													
Cheque	Cheque lost or stolen?	Lost			Sto	len								
details							 	1	1					
	If the cheque is stolen, please enter the Crime Reference Number													
	please enter the Crime		MY		′ Y									
	please enter the Crime Reference Number		MY	YY	/ Y									
	please enter the Crime Reference Number Date drawn		MY	YY	ý Y									

*I/We authorise and request you to place a stop on the above numbered cheque and issue a replacement cheque. I/We agree to the fee as published in the Society's Savings Charges leaflet.

Signature(s)

	•	-
	Date	
	1st Savers Signature	
	2nd Savers Signature	
ement e	Replacement Chee Number Amount	que E
eted	Cheque payee -	
fron Ig Y	Investor	
У	or	
	Original payee	

For Society use only					
Signature (s) checked					
Date issued					
Branch record updated					





Replac Chequ details To be compl by Safi Buildir Societ