

## CHANGE OF ADDRESS FORM

Policyholder Name:	Policyholder Current Address:
H & R Reference No.	_____
Policy No.	_____
_____	_____
_____	_____

  

1. Date change of address is to take effect from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. New Address Details

House Name / No.	_____
Street Name:	_____
City / Town:	_____
Postcode	_____

3. Contact Telephone Number

Home	_____
Work	_____
Mobile	_____

4. E-mail Address \_\_\_\_\_

5. Will the car / motorcycle be garaged ? Yes  No   
*If no, please give details (eg. on street)*

\_\_\_\_\_

6. Is the garage / shed of brick construction and lockable ? Yes  No  N/A   
*If no, please give details (eg. wooden)*

\_\_\_\_\_

Please turn over for further questions and signature

Please return to:  
**H&R House, Woodburn Road, Blackburn, Aberdeen, AB21 0PS**

Calls will be recorded for training and monitoring purposes

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telephone enquiries:  
 Internet:  
 telephone lines:  
 office hours:  
 e-mail address:

Tel. 01224 848382 Fax. 01224 848282  
[www.hrinsurance.co.uk](http://www.hrinsurance.co.uk)  
 9.00am – 7.45pm Mon-Fri  
 9.00am – 5.30pm Mon-Fri  
[admin@hrinsure.co.uk](mailto:admin@hrinsure.co.uk)

21. Is the garage located at the new address Yes  No  N/A   
*If no, please give full address and distance (in miles) of the garage from your home*

Distance (in miles): _____	House Name / No. _____ Street _____ City / Town _____ Postcode _____	_____ _____ _____ _____
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23. Is there any change to the class of vehicle use ? Yes  No   
*If yes, give details (eg now used for commuting to a permanent place of work)*

**Declaration of Policyholder**

I/we declare that to the best of my/our knowledge and belief the above statements, made by me or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed.

I/we agree that this declaration shall be in conjunction with my/our original proposal, be incorporated in and taken as the basis of the contract between me/us and H&R Insurance Services.

**Signature of Policyholder** \_\_\_\_\_

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

**Daytime Contact Number of Policy Holder** \_\_\_\_\_

You MUST include a daytime contact number to avoid any delays in processing your request.

**REVISED PREMIUM TO BE ADVISED**

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