King's College Hospital NHS
NHS Foundation Trust

Personal Details Amendment Form

This form is to notify Kings HR People Services of changes to your personal details.

Please note that when notifying Kings HR People Services of a name change you must attach a copy of the certified proof of ID and your manager should sign to confirm they have seen the original documents.

Should you have any queries regarding the completion of this form, please contact Kings HR People Services on: 020 3299 9090 or email kch.hradmin@nhs.net (or kch.payrollandexpenses@nhs.net if change of bank details)

**Mandatory Field (if you do not complete all mandatory fields your request will not be processed and you will be asked to complete again)*

Current Details	
Trust *	
Employee No.*	
Surname *	
Forename(s) *	
Effective Date of Changes*	D D M M Y Y Y Y

Name Change							
Title							
Surname							
Forename(s)							
Known as							
Reason for name change	Married	☐	Divorced	☐	Change by Deed Poll	☐	Change of Gender ☐

Bank/Building Society Details				
Account Holder Name				
Bank/Building Society	Bank ☐		Building Society ☐	
Bank/Building Society Name				
Account No.		Sort Code	- -	
Account Ref. / Roll No. *(if Applicable)*				

Contact Details			
Address Line 1			
Address Line 2			
Address Line 3			
Town			
County		Post Code	
Country			
Contact No.			
Home No.			

Emergency Contact Details			
Title			
Surname			
Forename(s)			
Relationship to you (Spouse, Son etc.)			
Same as your Home address? Yes		No *Please supply below:*	
Address Line 1			
Address Line 2			
Address Line 3			
Town			
County		Post Code	
Country			
Contact No.			

Next of Kin *(if different from Emergency Contact Details)*	
Title	
Surname	
Forename(s)	

Relationship to you (Spouse, Son etc.)	
Same as your Home address? Yes ☐ No ☐ *Please supply below:*	
Address Line 1	
Address Line 2	
Address Line 3	
Town	
County	Post Code
Country	
Contact No.	

Employee Authorisation

Employee Signature		Date *	D D M M Y Y Y Y

Manager Authorisation (ONLY applies where the employee has changed their name)

I confirm that I have seen the original certified documentation as proof of the name change of the above named employee. Signed copies are attached to this form.

Authorised Signature		Date *	D D M M Y Y Y Y

Clear Form