



Residents Change of Details form

Please complete sections A and B of the form and hand back to a member of the reception team.

Section A – Current details of the resident

Full Name			
Address and post code			
Landline number		Mobile number	
Email address			
Please state if the person named above is the owner or tenant of the above property			

Section B – New details/requested changes to be made to records

Please complete all sections that require updating and then sign and date the form

Name (please note changes to surname)			
Address and post code			
Landline number		Mobile number	
Email address			

Signed		Name (Print)	
Date:			

If you are reporting the death of a resident please provide details of the next of kin if known.

Name of Next of Kin		Telephone or email of Next of Kin:	
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Section C - For Head of Office Services or other authorised member of staff

Updates to details

Resident database cross check completed to verify original details

Address Book updated with new details (add comments where necessary)

Net2 system updated with new details (add memo where necessary)

Staff initials	Date completed

Removal of details (in instances of residents moving to a new house or in the case of a deceased resident)

Resident details removed from primary contacts in address book if relevant

In the case of a death, if next of kin details have been provided – contact the next of kin to obtain authorisation to be added to the DPML email system for property related communications only (Official comms only setting on address book)

Update the address book system with new contact details – set to “Official comms only” or “no permissions” until authorisation is obtained

Fill in the deleted Fob info below in case the resident applies for a refund in the future

Net2 System, Disable the Fob and delete the record

File this form in the Delamere Park Residents details folder/Fobs Folder

Signed Head of Office Services/Trustee _____

Date _____

Fob Refund Information

Resident Name

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Fob Number

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£5.00 refund applicable (yes/No)

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£5.00 refund given (Date)

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Signed Head of Office Services/Trustee _____

Date _____