



Change of Address

The Local Government Pension Scheme Regulations (LGPS)

Personal Details (Please print all fields)

Full Name (Mr/Mrs/Miss) :

NI Number : * * * (Please complete first 6 characters only)

Pension/Pay Number(s) :

Notification of Change of Address :

<u>Old Address</u>	<u>New Address</u>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode : <input type="text"/>	Postcode : <input type="text"/>

Telephone Number : _____

I declare that the above details are correct.

Signed : _____ Date : _____

After completion please return form to :

**Pensions Section
Rhondda Cynon Taf CBC
Bronwydd
Porth
CF39 9DL**

