

Change of Details



Please complete this form if ANY of your address or service details have changed. This will help us to ensure that accurate information is held in the internal LSC systems, the Community Legal Service Direct website (www.clsdirect.org.uk) and the Directory Line.

a *When completed please submit this form by FAX to RIS (020 7939 0646)*

a *All fields marked with a * MUST be completed. It is only necessary for you to complete other fields if you wish to update our records.*

Supplier Name*:
Supplier Account number* (LA account/reference number):

Please supply the postcode we currently have in our records for this office*:
.....

Does this change relate to:

Main address only *Complete section 1 only*
 Payment address only *Complete section 2 only*
 Both Addresses Complete *section 1 and submit this form with a letter on company headed paper*

1. Change to Main address (where the public can access your services):

New Address:	Telephone
	Fax No.
	E-mail address
Postcode	Contact name and telephone number for this application (if different to main Service No.)
DX Number:	
Website:	Lead Supplier/Head Office:
Out of hours telephone:	Emergency telephone:
Minicom (textphone):	
QM Website address(es):	

2. Change to Payment address:
a *Changes to payment address MUST be accompanied by a letter on company headed paper*
Please complete your new address details fully below:

New Address:	Telephone
	Fax No.
	Contact name and telephone number for this application:
Postcode	
DX Number:	

3. Change to Contact Name: The person who is the contact for the application and audit process, and to whom Quality Mark information is sent. Please print name.
.....

4. Change to Bank Details: Please contact Masterindex direct on 020 7759 0261.

5. Change to Supplier Name: Please contact Masterindex direct on 020 7759 0261.

Change of Details (continued)

a All fields marked with a * **MUST** be completed.

Supplier Name*: _____

6. Change to other details.

Please tick the relevant box(es) below to indicate what you are changing. Add details in the text box below.

- Opening hours
- Methods of contacting you (e.g. telephone, drop in, email etc)
- Outreach services (including addresses)
- Disabled access
- Transport details
- Conditional fee arrangements
- Client group (general public/specific groups)
- Languages (Including access to interpreters/language line/BSL)
- Self declared areas of work and tolerance information
- Any other services offered

Please describe (in as much detail as possible) the changes that have occurred as detailed above. **Continue on another sheet if necessary, attached securely to this form with your supplier name clearly marked at the top.**

For LSC use Only

Date Received: Ref No:

Date sent to RIS: Date sent to Masterindex:

Applicable bid zone: Account Manager:

Date passed to account manager:.....

Regional Office contact name and email address:.....

nb: if received in a Regional office please forward to RIS (Resource Information Services).