



RETURN THE FORM TO: **BCS Customer Service**
3 Newbridge Square
Swindon
Wiltshire SN1 1BY

T: +44 (0) 1793 417 655
E: custsupport@bcs.uk
W: www.bcs.org

Gender Change Request Form

Please refer to the Name and Gender Change Policy before completing this form.

Candidate Number (If known)		BCS Membership Number (If applicable)	
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Your details as currently held by BCS

Title (Mr/Mrs/Ms/Dr etc.)		First Name	
Surname/Last/Family Name		Other Name(s)	
Date of Birth (DD/MM/YY) (For validation purposes)			

Your details as you wish to be known

Title (Mr/Mrs/Ms/Dr etc.)		First Name	
Surname/Last/Family Name		Other Name(s)	

Please identify your current gender designation as held on BCS database:

Please identify your new gender designation to be recorded on BCS database:

Supporting Documents:

Please send us a copy of your evidence documentation with this completed form. For a list of acceptable evidence, please refer to the Name and Gender Change Policy which is available on our website.

I certify that I am the person named on this form and all the information is accurate. I understand that by signing this form I express my free consent to the processing of my data in accordance with the BCS Privacy Notice. I understand that I can withdraw my consent to the processing of my data at any time by contacting BCS.

Signature:

Date (DD/MM/YY):