## **Notification Checklist**

Provider / Service	Your Customer Ref:	Phone number / Web Address of company	Contacted	Date
Post Office				
Water Supplier				
Electricity Supplier				
Gas Supplier				
Telephone				
Mobile Phone Operator				
Internet/Cable Provider				
Home Insurance				
Life Insurance				
Local Council				
Bank				
Building Society				
Credit Card Company				
Loan Company				
Savings and Bonds				
Pension Company				
Your Employer				
Inland Revenue				
Social Security				
Solicitor				
Car insurance				
DVLA				
Optician				
Doctors				
Dentist				
School				
Friends and Relatives				