

# Change of Details

I would like to change my:  Residential / Postal Address (sec 1,2&4)  Telephone Contact (sec 1,2& 4)  Name (all sections)

**Section 1: I wish to change my details on the following Membership(s):**

Membership Number

Your address and/or contact details will be changed on your Individual Membership(s) listed above. Please note changes to joint account holders or Authority to Operate will require an additional form.

## Section 2: New Contact Details:

Miss/Ms/Mrs/Mr	Residential Address	
Surname		
Given Name(s)	Country	
Home Phone	Postal Address	
Work Phone		
Mobile Phone	Country	
Email		
Occupation/Trade	Employer Name	

Are you required to pay tax in any country other than Australia? No  Yes  If yes, please state all countries where and your Tax Identification Number(s) (TIN):

Countries	Tax Identification Number (TIN)
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Previous Address:

## Section 3: Change of Name Details

Previous Name	Previous Signature
<b>Reason</b>	<b>Documents Required</b>
Marriage <input type="checkbox"/>	Marriage Certificate <input type="checkbox"/>
Divorce <input type="checkbox"/>	Birth Certificate <input type="checkbox"/> Divorce Decree (if applicable) <input type="checkbox"/>
Change of Name <input type="checkbox"/>	Updated Birth Certificate (showing previous and new name) <input type="checkbox"/>
Dual Name (Maiden & Married e.g. hyphenated) <input type="checkbox"/>	Birth Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/>
Victim of violence (threats of violence or the dependent) <input type="checkbox"/>	COMPULSORY - Change of Name Statement (S21a) <input type="checkbox"/>
Discrepancy of Name / Other - Refer to R&C <input type="checkbox"/>	For documents required refer to R&C <input type="checkbox"/>

## Section 4: Do you have any insurance with us? If yes provide details below:

Policy Number	Insurance Type
Policy Number	Insurance Type
Insurances <input type="checkbox"/> Car <input type="checkbox"/> Home & Contents <input type="checkbox"/> Travel <input type="checkbox"/> Landlord <input type="checkbox"/> Motorcycle <input type="checkbox"/> Caravan <input type="checkbox"/> Boat	
<input type="checkbox"/> - Please tick this box if you'd like a free no obligation Insurance quote on any of the products listed above	
Member Signature:	Date:

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Office Use Only	
OP ID	Date
Event Noted	<input type="checkbox"/>
Address/Contact details Updated	<input type="checkbox"/>
Client Auth Provided (N/A for name change)	<input type="checkbox"/> Client Auth Receipt No (NA for name Change).....
Alternate Name Updated	<input type="checkbox"/>
New Card Ordered	<input type="checkbox"/>
New Chq Book Ordered	<input type="checkbox"/>
New Cheque Signatory Card Obtained	<input type="checkbox"/> Send to Retail Ops <input type="checkbox"/>
Additional memberships searched	<input type="checkbox"/>