

Change of Personal Details

Member Details

Member Number: Date: / /

Existing Member Name / Title:

Change of Name Details

New Member Name / Title:

Documentation:

Marriage Certificate
 Decree Absolute / Divorce Certificate
 Registration / Incorporation Certificate
 Deed Poll
 Other

Change of Address Details

New Residential Address

Unit/Floor/Street No. Street Suburb/Town
 State Postcode Home Phone
 Work Phone Mobile Phone
 Email address

New Mailing Address

State Postcode

Employment Details

Occupation

Employer

Member Signature(s)

(1) (2)

If change of address / employment details sign (1). If change of name, sign (1) with previous name and (2) with new name

MSO Use Only

Operator Number:

Member has e-statements Yes (Alter via website) No

Member has a DINweb CCI Policy S1/S14 Yes No

Member has a Lease Yes No

Cancel products and reissue for Change of Name only Card Product(s) - complete Replacement Card Form

Member has insurance? Yes No If yes, ring Allianz Insurance on 1300 139 418 option 2. Forward original to **Records Management**.

Transaction Services Use Only

Checked by Date / / Operator Number