



Change of Name or Address Form

Reference Number: _____

Title: _____

Given Name: _____

Surname: _____

Previous Surname: _____

Date of Birth: _____

Current Address: _____

Postcode: _____

Old Address: _____

Postcode: _____

Signature: _____ Date: _____

Place completed form in envelope, no stamp required and address to:
Reply Paid 83474
Locked Bag 9014
Alexandria NSW 1435

Or fax completed form to (02) 8374 5695