

Member Details

Member Number: Date: / /

Existing Member Name / Title:

Change of Name Details

New Member Name / Title:

Documentation:

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