

Change of Details

Customer Code			<ul style="list-style-type: none"> Please print in CAPITAL LETTERS
Name/s			
Name/s			
Phone	Fax	Mobile	
Email			
Other			

New Address	
New Address (not postal)	
	Postcode

Former Address	
Former Address (not postal)	
	Postcode

Mailing Address	
Postal Address (if the same write "As Above")	
	Postcode

Name of Applicant	
Signature	Date

Please return this form to HRNSW at the above mentioned address or fax to: 02 8580 5793