

Change of Details

Customer Code

▪ 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