



CHANGE OF NAME NOTIFICATION

Current Details

Member Number _____ Account Type Single Joint
Title Mr Mrs Miss Ms Other (please specify) _____
Surname(s) _____ Given Name(s) _____
Residential Address _____
Postal Address (if different from Residential) _____
Contact Details Home _____ Mobile _____ Business _____
Email _____
Drivers Licence _____

New Details

Title Mr Mrs Miss Ms Other (please specify) _____
Surname(s) _____ Given Name(s) _____
Residential Address _____
Postal Address (if different from Residential) _____
Contact Details Home _____ Mobile _____ Business _____
Email _____
Employers Name _____ Occupation _____
Employers Address _____
Contact Details Telephone _____ Mobile _____
Email _____

Documents Supplied

1) _____ 2) _____
3) _____ 4) _____

Do you Have Allianz Insurance? Yes No

Signature _____ Date _____

Office Use Only

- Signature Verified
 Documentation attached
 Members ID card issued
 Replacement Visa / Redicard ordered
 Member Chequeing Signatory Card
 Allianz Insurance
 ICBS Updated & Memo/Tickler loaded
 Short Name Changed
 TFN

Staff Member _____

Date _____

