



Notification of a change to corporation officers' details

Name of corporation

Indigenous Corporation Number (ICN)

New contact person's/secretary's details *(if applicable)*

New contact person's/secretary's details Contact person for a small or medium corporation Secretary of a large corporation X

Changes to current contact person's/secretary's details *(if applicable)*

Ceased directors details *(if applicable)*

Director 1
 Title
 First name Middle name
 Last name

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

New directors' details *(if applicable)*

Director 1
 Title
 First name Middle name
 Last name

Previous name(s) *(if any)*

Residential address

 Postcod

This director will hold office for: Up to 1 year X Up to 2 years

Date of appointment

This person is a:

Alternate director > Terms of the alternate director's appointment

Changes to current directors' details (*if applicable*)

Declaration

I declare the information provided on this form is correct.

Full name

Date