



# 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)*

## New and reappointed directors' details *(if applicable)*

Director 1 Title   
First name  Middle name   
Last name

Previous name(s) *(if any)*

Residential address   
  
 Postcode

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

Date of appointment

This person is a:  Director X

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

Galina Lazareva

02 May 2024