



Notification of a change to corporation officers' details

Name of corporation

Indigenous Corporation Number (ICN)

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

Former contact person's/secretary's details

Title

First name Middle name

Last name

Date this person stopped being the contact person/secretary

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

contact person/secretary 1

Title

First name Middle name

Last name

Previous name(s) *(if any)*

Residential address

Postcode

Date this change took effect

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

Director 2

Title			
First name	Mia	Middle name	
Last name	Mulladad		

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

New directors' details (if applicable)

Changes to current directors' details (if applicable)

Director 1

Title	Mrs		
First name	April	Middle name	Nangala
Last name	Martin		

Previous name(s) (if any)

Residential address

 Postcode

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

Date of appointment

This person is a: Director X

Alternate director >Terms of the alternate director's appointment

Director 2

Title			
First name	Kathleen	Middle name	
Last name	Dixon		

Previous name(s) (if any)

Residential address

 Postcode

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

Date of appointment

This person is a: Director X

Alternate director >Terms of the alternate director's appointment

Director 3

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

Date of appointment

This person is a: Director X

Alternate director >Terms of the alternate director's appointment

Director 4

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

Date of appointment

This person is a: Director X

Alternate director >Terms of the alternate director's appointment

Director 5

Title

First name Middle name

Last name

Previous name(s) (if any)

Residential address

ALICE SPRINGS NT	Postcode	0872
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This director will hold office for: Up to 1 year Up to 2 years

Date of appointment

This person is a: Director X

Alternate director >Terms of the alternate director's appointment

Declaration

I declare the information provided on this form is correct.

Full name

Date