



# 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 X medium corporation  Secretary of a large corporation

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

contact person/secretary 1  
Title   
First name  Middle name   
Last name

Previous name(s) *(if any)*

Residential address   
  
 Postcode

Date this change took effect

## Ceased directors details *(if applicable)*

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

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

Director 1  
Title  Middle

First name Peter name  
Last name McQuoid

Previous name(s) (if any)

Residential address PO Box 18  
MALENY QLD Postcode 4552

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

Date of appointment 17 April 2021

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  
Officer initiated