



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)*

Ceased directors details *(if applicable)*

Director 1

Title	Mr	
First name	Nicholas	Middle name
Last name	Cook	

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

Director 2

Title	Mrs	
First name	Roma	Middle name
Last name	Butcher	

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	Cecil	Middle name	
Last name	Parker		

Previous name(s) (if any)

Residential address	Unit 24		
	77 King William Street		
	BayswaterWA	Postcod	6053

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

Director 2

Title	Mr	Middle name	
First name	Darren	Middle name	Wade
Last name	Injie		

Previous name(s) (if any)

Residential address	Unit 6		
	186 Tyler Street		
	Tuart HillWA	Postcod	6060

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)

Director 1

Title	Miss	Middle name	
First name	Doreen	Middle name	
Last name	James		

Previous name(s) (if any)

Residential address	67a Canberra Drive		
	TOM PRICE WA	Postcode	6751

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 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

Declaration

I declare the information provided on this form is correct.

Full name Date