



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)*

New directors' details *(if applicable)*

Changes to current 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 X Up to 2 years

Date of appointment

This person is a: Director X

Alternate director >Terms of the alternate director's appointment

[Empty box]

Declaration

I declare the information provided on this form is correct.

Full name

Date

Kathleen Nola Wincen

13 January 2020