



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)*

Director 1

Title	<input type="text"/>		
First name	<input type="text" value="Robert"/>	Middle name	<input type="text" value="James"/>
Last name	<input type="text" value="Barnett"/>		

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	<input type="text" value="Miss"/>		
First name	<input type="text" value="Beryl"/>	Middle name	<input type="text"/>
Last name	<input type="text" value="Wilson"/>		

Previous name(s) *(if any)*

Residential address

<input type="text" value="NAMBUCCA HEADSNSW"/>		Postcod	<input type="text" value="2448"/>
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This director will hold office for: ☐ Up to 1 year X ☐ Up to 2 years

Date of appointment

This person is a:

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