



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)*

contact person/secretary 1

Title	<input type="text"/>		
First name	<input type="text" value="Judith"/>	Middle name	<input type="text" value="Leanne"/>
Last name	<input type="text" value="Clacy"/>		

Previous name(s) *(if any)*

Residential address

<input type="text" value="PORT MACQUARIE NSW"/>		Postcode	<input type="text" value="2444"/>
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Date this change took effect

Ceased directors details *(if applicable)*

New directors' details *(if applicable)*

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

Declaration *I declare the information provided on this form is correct.*

Full name

Date

Nicole Turner