



# Notification of a change to corporation officers' details

Name of corporation

Durri Aboriginal Corporation Medical Service

Indigenous Corporation Number  
(ICN)

27

## 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      |          |             |          |
| First name | Marjory  | Middle name | Michelle |
| Last name  | Buchanan |             |          |

Date this person stopped being a director of the corporation 29 November

This person was a: Director X Alternate director

## 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

Judith Leanne Clay