



# 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)*

## New directors' details *(if applicable)*

Director 1

Title

Mr

First name

Kelvin

Middle name

Last name

Jarrett

Previous name(s) *(if any)*

Residential address

15-19 York Lane

KempseyNSW

Postcod

2440

This director will hold office for:

Up to 1 year

Up to 2 years X

Date of appointment

25 September

This person is a:

Director X

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

Judith Clacy