



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)*

Director 1

Title

First name Middle name

Last name

Previous name(s) *(if any)*

Residential address

 Postcod

This director will hold office for: Up to 1 year Up to 2 years

Date of appointment

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

Pauline Smith