



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 detailsContact 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

First name

Elizabeth

Middle name

Last name

McEntyre

Previous name(s) *(if any)*

Residential address

45 Mulbring Street

KURRI KURRINSW

Postcod

2327

This director will hold office for:

Up to 1 year

Up to 2 years X

Date of appointment

17 August 2016

This person is a:

Director X

Alternate director

> Terms of the alternate director's appointment

Independent Director

Director 2

Title

First name	Sally-Marie	Middle name	
Last name	Drinkwater		

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

Director 3

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
Timothy Agius	23 August 2016