



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)*

Director 1

Title	Ms	
First name	Amy	Middle name
Last name	Palmer	

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

Director 2

Title	Mr	
First name	Johnny	Middle name
Last name	Gordon	

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

Director 3

Title	Mr	
First name	William	Middle name
Last name	Mandjjarra	

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

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](#)

Director 2

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)*

Director 1

Title Middle

First name name
Last name

Previous name(s) (if any)

Residential address

 Postcode

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 2

Title

First name Middle name

Last name

Previous name(s) (if any)

Residential address

 Postcode

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

Declaration

I declare the information provided on this form is correct.

Full name Date