



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

Robbie

Middle name

Last name

Lloyd

Previous name(s) *(if any)*

Residential address

C/O Durri ACMC

PO Box 136

KEMPSEYNSW

Postcod

2440

This director will hold office for:

Up to 1 year

Up to 2 years X

Date of appointment

29 July 2019

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

06 August 2019