



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 | Mrs | |
| First name | Delvene | Middle name <input type="text"/> |
| Last name | Ashwin | |

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

Director 2

| | | |
|------------|----------|----------------------------------|
| Title | Mr | |
| First name | Robert | Middle name <input type="text"/> |
| Last name | Wongawol | |

Date this person stopped being a director of the corporation

This person was a: Director X Alternate director

Director 3

| | | |
|------------|----------------------|----------------------------------|
| Title | <input type="text"/> | |
| First name | Victor | Middle name <input type="text"/> |
| Last name | Ashwin | |

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 X

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 X

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 | 67 Daniels Drive | | |
| | | | |
| | NEWMANWA | Postcod | 6753 |

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

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