



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)*

Director 1

Title	Ms	Middle name	
First name	Wendy		
Last name	Cowan		

Date this person stopped being a director of the corporation 25 November 2020

This person was a: Director X Alternate director

New directors' details *(if applicable)*

Director 1

Title	Mr	Middle name	
First name	Kevin		
Last name	Smith		

Previous name(s) *(if any)*

Residential address	2 Sullivan Street	
	EAST KEMPSEYNSW	
	Postcod	2440

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

Date of appointment

This person is a:

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