



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	Mr	Middle name	Harold
First name	Sean		
Last name	Phillips		

Date this person stopped being a director of the corporation 27 January 2022

This person was a: Director X Alternate director

New directors' details *(if applicable)*

Director 1

Title	Mrs	Middle name	Anne
First name	Patricia		
Last name	Edwards		

Previous name(s) *(if any)*

Residential address	28 George Street
BOWRAVILLENWSW	Postcod 2449

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

First name Middle name

Last name

Previous name(s) *(if any)*

Residential address

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](#)

Declaration

I declare the information provided on this form is correct.

Full name Date