



# Change of Name or Address

Please complete form in BLACK INK using CAPITAL letters.

1	<b>ACCOUNT NUMBER</b>	
	<input type="text"/>	
2	<b>ACCOUNT NAME (IN FULL)</b>	
	<input type="text"/>	
3	<b>NEW ACCOUNT NAME (IN FULL)</b>	
	<input type="text"/>	
4	Reason for change (certified evidence required, including certified identification)	
	<input type="text"/>	
7	<b>CONTACT DETAILS</b>	
	Old residential address	
	<input type="text"/>	
	New residential address	
	<input type="text"/>	
	Old postal address	
	<input type="text"/>	
	New postal address	
	<input type="text"/>	
	Phone (business hours)	
	<input type="text"/>	
	Mobile	
<input type="text"/>		
Phone (after hours)		
<input type="text"/>		
Fax		
<input type="text"/>		
Email		
<input type="text"/>		
<b>DECLARATION AND SIGNATURES</b>		
By signing this form, I/we acknowledge that we have received, read and understood the terms and conditions of the Product administered by DDH and confirm that I/we and each of the Authorised Signatory(s) agree to be bound by those Terms and Conditions, in particular DDH Graham Limited collect, use and disclose your personal information as provided in its collection statement, and in accordance with its Privacy Policy which is available at <a href="http://www.ddhgraham.com.au">www.ddhgraham.com.au</a>		
Signature		
<input type="text"/>		
Signature		
<input type="text"/>		
Name		
<input type="text"/>		
Date		
<input type="text"/>		
Name		
<input type="text"/>		
Date		
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