

CHANGE OF DETAILS FORM

This form is to be used to notify us of any change of address, contact details, communication election or name.

If you have any queries on how to complete this Change of Details Form please contact Warakirri on 1300 927 254 or contact@warakirri.com.au for further details.

Section 1 – Investor Information

Investor name

Investor Account Number(s)

Contact Person:

Name

Telephone

Reason for completing this form:

- Change of Address or Contact Details (complete Section 2)
- Change of Communication Election (complete Section 3)
- Change of Name (complete Section 4)

Section 2 – Change of Address or Contact Details

Section 2.1 – Residential, Registered or Principal Place of Business Address

Address (cannot be a PO Box):

Street

Suburb

State

Postcode

Country

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Section 2.2 – Primary Contact Details

Full name:

Telephone:

Email:

Postal address (if different from Section 2.1):

Street

Suburb

State

Postcode

Country

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Section 3 – Change of Communication Election

Section 3.1 – New Recipients

Please list new contact details for individuals authorised to receive and discuss information regarding this investment account. Please note that all correspondence is delivered by email unless otherwise arranged with Warakirri.

Recipient 1

Full name:	<input type="text"/>
Email:	<input type="text"/>

Recipient 2

Full name:	<input type="text"/>
Email:	<input type="text"/>

Recipient 3

Full name:	<input type="text"/>
Email:	<input type="text"/>

Recipient 4

Full name:	<input type="text"/>
Email:	<input type="text"/>

Section 3.1 – Remove Recipients

Please nominate any individuals currently authorised to receive and discuss information regarding this investment account whom you wish to remove as a recipient of investment reports.

Name(s):	<input type="text"/>
Email(s):	<input type="text"/>

Section 4 – Change of Name

Old Surname

Old Given Name(s)

Old Signature

Date:

New Surname

New Given Name(s)

New Signature

Please note: If your name has changed, please attach an original certified copy of the documentation by which you registered your change of name, such as Marriage Certificate or change of name certificate. Please also provide an original certified copy of either a Drivers Licence, State or Territory Proof of Age card or a Passport.

Section 5 – Authorisation

Please have existing signatories authorise in accordance with existing signatory instructions below:

Signature:
Full name:
Title/position:
Date:

Signature:
Full name:
Title/position:
Date:

Section 6 – Submitting the Change of Details Form

Please email or post this form directly to Warakirri Asset Management at the details provided below.

Email to: contact@warakirri.com.au

Post to: Level 2, 53 Queen Street
Melbourne VIC 3000