

## **CHANGE OF DETAILS**

All changes to the account must be done in person. A valid photo identity is required at the time of submission of the request to change details. Please do not forget to sign in section 5.

FULL	NAME			
ACCO	UNT NUMBI	ER		
CHANGE		Address Telephone Mobile Email	[ ] [ ]	Please fill section 1 Please fill section 2 Please fill section 3 Please fill section 4
1 - CHANGE ADDRESS (All correspondence will be sent to this address)				
	Please fill new address below			
	STREET			
	TOWN CITY STATE			
	POST CODE			
2 - C	UANCE TE	I EDUONE NIIMB	ED (E	or voice communications)
2 - 0	CHANGE TELEPHONE NUMBER (For voice communications)			
	NEW TELEPHONE NUMBER			
3 - C	CHANGE MOBILE NUMBER (For authorisation codes and text messages)			
	NEW MOBILE NUMBER			
4 - CHANGE EMAIL ADDRESS (For receipts of payments, transfers etc)				
	NEW EMAIL ADDRESS			
5 - SIGN				
o - Sign				
	Signature			
	Date			