

Internal Use Only

Signature Checked by Branch No. _____ Operator No. _____ Client No. _____

Maintenance Performed in 'CIS' By _____ Date _____

Maintenance Checked By Banking Services _____ Date _____

DATE _____

CLIENT NAME _____

NEW RESIDENTIAL ADDRESS _____

NEW CORRESPONDENCE ADDRESS _____

NOTE:

- For clients with ALLIANZ GENERAL INSURANCE, advise client to phone the Allianz Insurance Service Centre on 1300 139 418.
- For clients with a LOAN, return this form to LOANS DEPARTMENT for processing.
- For clients with a CREDIT CARD, advise client to phone Card Services on 1300 135 538.

NEW CONTACT DETAILS:

Private _____ Business _____

Fax _____ Email _____

Alternate Contact No. _____ Comment _____

Date of Birth (If not previously collected) ____ / ____ / ____ New No. of Dependants _____

New Occupation _____

CLIENT DECLARATION: I/We hereby authorise the above amendments to my client details in accordance with my instructions.

Client Authorised Signature _____