

Change of Name Form

Rates Account number/s: _____
 Debtor Account number/s: _____
 Other (please specify): _____

Existing Name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Given Names:	
Family Name:	

New Name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Given Names:	
Family Name:	
Postal Address:	
Property Address:	

Contact details:					
Home Ph:		Work Ph:		Mobile:	
Email:					

Signed: _____ Dated: _____

Office Use Only

Account no:		Operator:		Date:	
Comments:					

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