

Change of Client Name

To be completed by a client who intends to be commonly know by a new name, and wishes to use the new name to maintain an account at Heritage Isle Credit Union Ltd. Once completed, take this form and all original documents to your local branch to complete the change.

Member number		Daytime Contact number						
Previous Name								
Mr Mrs Surname			Given Name (s)					
Master Miss								
New Name	l		l					
□ Mr □ Mrs	Surname		Given Name (s)					
Master Miss								
Reason for the cl does not confirm procedures for co	the Client's ne	w name, colle	ect an i			_		-
Divorce or Separation from partner					☐ Divorce Decree ☐ Legal notice of Separation			
For personal safety reasons (Victim of Violence order/ threats of violence/ the dependent of such a person					Court Order for name change			
Use the name which the client has adopted by marriage					☐ Marriage Certificate			
Adoption, naturalisation or other name change					Adoption decree Court order Certificate of naturalisation			
New Contact Det	ails (if applicab	ole)				Certificate of fi	atui ansation	
Residential Address – St	t Name							
City/Suburb	I	State					Postcode	
Email Home Phone			Work		Mobile			
PO Box/ Street Number/	name							
City/Suburb			Sta	State				
Please update a information cor	•				ct n	ny change of n	ame & decla	re that the
Signature of Client /Legal Guardian (if client under 13 years)							Date	
Offie Use only Compl:	Date		Ch	Checked Man/Su			Date	