

Change of Company Name

This form can be completed electronically, responses can be typed directly into the fields below.

Previous Company Name: _____

Date of Company Name Change: _____

New Trading Name: _____

New Company Name: _____

ABN: _____

Are you registered for GST?: Yes No

Name of Business Owner: _____ Principal or Director

Phone Number: _____

Email Address: _____

Name of Main Contact (if different to above): _____

Position: _____

Phone Number: _____

Email Address: _____

Postal Address: _____

Street Address: _____

Do you consent to documentation being sent by email?: Yes No

If you answered YES, please provide an email address for documentation to be emailed (this must be an email address which is checked regularly):

To ensure we have up to date contact details please list the main contacts who will deal with Terri Scheer Insurance:

Name: _____ Position: _____ Email Address: _____ Mobile: _____

Name: _____ Position: _____ Email Address: _____ Mobile: _____

Name: _____ Position: _____ Email Address: _____ Mobile: _____

Name: _____ Position: _____ Email Address: _____ Mobile: _____

Name: _____ Position: _____ Email Address: _____ Mobile: _____

Name: _____ Position: _____ Email Address: _____ Mobile: _____

Name: _____ Position: _____ Email Address: _____ Mobile: _____

Name: _____ Position: _____ Email Address: _____ Mobile: _____

Authorisation: I confirm that the information provided in this form is true, complete and accurate.

Signature: _____

Printed Name: _____

Position: _____

Date: _____

Email Address: _____ Phone No: _____