

Change of Details

Change of address / name / interest payment / account name

RETURN THIS FORM TO OUR AGENT: Baptist Financial Services Australia Ltd (BFS)

- NSW/ACT – PO Box 122, Epping NSW 1710
- VIC/TAS – PO Box 377 Hawthorn VIC 3122

- SA/NT – PO Box 432 Unley SA 5061
- WA - PO Box 57 Burswood WA 6100

Phone: 1300 650 542

Fax: 1300 784 699

Email: info@bfs.org.au

Web: <http://indue.bfs.org.au>

Please use BLOCK LETTERS

SECTION A Current details

Account Name

	Client No (if known)	
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Secondary account name (eg holiday a/c)

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Signatory 1

Title		Given names	
Surname		Client No (if known)	

Signatory 1

Title		Given names	
Surname		Client No (if known)	

SECTION B Change of address

Business Account

New Street address

Suburb		State		Postcode	

New Postal address (optional: only if different from street address)

Suburb		State		Postcode	

New Contact Details (for phone/fax contacts include area code)

Phone		Mobile		Fax	
Email					

Signatory 1

New Street address

Suburb		State		Postcode	

New Postal address (optional: only if different from street address)

Suburb		State		Postcode	

New Contact Details (for phone/fax contacts include area code)

Phone		Mobile		Fax	
Email					

Signatory 2

New Street address

Suburb		State		Postcode	

New Postal address (optional: only if different from street address)

Suburb		State		Postcode	

New Contact Details (for phone/fax contacts include area code)

Phone		Mobile		Fax	
Email					

SECTION C Change of name

Signatory 1

Reason for change of name eg marriage		Former Name	
New Title		New Given names	
New Surname			

Previous signature	New signature
SIGN HERE	SIGN HERE

Please provide a copy (certified as a true copy by a Justice of the Peace or Solicitor) of all supporting documents

Signatory 2

Reason for change of name eg marriage		Former Name	
New Title		New Given names	
New Surname			

Previous signature	New signature
SIGN HERE	SIGN HERE

Please provide a copy (certified as a true copy by a Justice of the Peace or Solicitor) of all supporting documents

SECTION D Change of interest payment

Account name		Account Number/s	
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Please select: Add interest to balance Pay interest into the following account:

BFS account number		Account name	
Other financial institution name			
Branch			
BSB number		Account number	

SECTION E Change of account name

New Account Name

	Client No (if known)	
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Please provide a copy (certified as a true copy by a Justice of the Peace or Solicitor) of all supporting documents

New Secondary account name (eg holiday a/c)

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SECTION F Authorisation: I/We authorise the changes above

Authorised signatory 1

Authorised signatory 2

SIGN HERE	SIGN HERE
Date	Date