



# Notification of a change to corporation officers' details

Name of corporation

Indigenous Corporation Number (ICN)

## New contact person's/secretary's details *(if applicable)*

New contact person's/secretary's details  Contact person for a small or X medium corporation  Secretary of a large corporation

## Changes to current contact person's/secretary's details *(if applicable)*

## Ceased directors details *(if applicable)*

## New directors' details *(if applicable)*

**Director 1**

Title

First name  Middle name

Last name

Previous name(s) *(if any)*

Residential address

Postcod

This director will hold office for:  Up to 1 year  Up to 2 years X

Date of appointment

This person is a:  Director X

Alternate director  [Terms of the alternate director's appointment](#)

**Director 2** Title

First name	Samantha	Middle name	Rae
Last name	Eaton		

Previous name(s) (if any)

Residential address   
  
 Postcod

This director will hold office for:      Up to 1 year                      Up to 2 years X

Date of appointment

This person is a:                      Director X

Alternate director      > Terms of the alternate director's appointment

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## Changes to current directors' details (if applicable)

### Declaration

*I declare the information provided on this form is correct.*

Full name

Date