# Change of Address and Contact Details

BOQ
Your own personal bank

Please use black ink and BLOCK letters.

**Facility Name**

**Facility Number(s)**

**The change of address and/or contact details relates to:**

Name Mr Mrs Miss Ms Dr Other

First Name

Surname

**New Residential Address (cannot be a PO Box)**

Address

Suburb/Town State Postcode

Country (if not Australia)

**New Mailing Address (all correspondence will be sent to this address)**

Address

Suburb/Town State Postcode

Country (if not Australia)

**New Contact Details**

Business Hours ( )

After Hours ( )

Mobile

Fax Number ( )

Email Address

## Residency Status

Are you an Australian resident for tax purposes? Yes

If no, please specify your country of tax residence:

**If you have not previously provided your Tax File Number to us, please complete the Notification of TFN form.**

## Acknowledgements

I/we consent for my/our details to be changed.

**Please note:**

**Borrower/s is/are required to sign when any of the address and contact details changed relate to the borrower/s.**

**Guarantor/s is/are required to sign when any of the address and contact details changed relate to the Guarantor/s.**

**If the change of address and contact detail applies to both borrower/s and guarantor/s, both parties are required to sign below.**

**Borrower 1/Director 1/Sole Director**

Print full name

Signature

Date / /

**Borrower 2/Director 2/Secretary**

Print full name

Signature

Date / /

**Guarantor 1/Director 1/Sole Director**

Print full name

Signature

Date / /

**Guarantor 2/Director 2/Secretary**

Print full name

Signature

Date / /

**Please complete and return to:**
BOQ Margin Lending
GPO Box 5388, SYDNEY NSW 2001

Fax: 1300 783 716

(06/10) (S29718-6)

**If you require any assistance, please contact our Client Service Team on 1300 783 709 or email boq@marginlending.com**