

**MiCM**property

178 City Road, Southbank Vic 3006 All correspondence to: P.O Box 19299 Southbank Vic 3006 Ph: (613) 9697 8888 Fax: (613) 9697 8880 E-mail: info@micm.com.au

## Amendment to Owner(s) Address, Contact or Banking Details

PROPERTY ADDRESS							
Owner(s) Information (Please include ALL registered Owner/s of property)							
Company N	Name		ABN				
1. Title	Surname		Given Name				
2. Title	Surname		Given Name				
3. Title	Surname		Given Name				
Security Questions (Security password required to amend and update personal details)							
PASSWORD							
Please sele	ect and answer tw	vo of the security questions	from the following list.				
What is the	e street number of	f the house you grew up in?					
What is the	e name of the first	t school you attended?					
In what tow	wn or city was you	ır first job?					
What is you	our father's middle	name?					
What is you	our favourite colou	ır?					
	elect from the foll	lowing: ess details - Complete Sectio	on 1 & 1				
		e/Email details - Complete Section					
☐ Please change my Banking details - Complete Section 3 & 4							
IMPORTANT NOTE: For security reasons all registered Owner(s) must provide a copy of a photo ID, drivers licence or passport, with the signed Amendment Form. Copy of photo ID must be clear, and enlarged to an A4 size is preferable.							
Section 1 Address (For security reasons you must provide previous address details)							
PREVIOUS Address							
<u>NEW</u> Addre	ess						





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Section 2 Phone/Email	For security reasons you must pro	vide previous Phone/Email details)					
PREVOUS Contact Home Ph Details:	one ( )	Work Phone ( )					
Mobile(s): 1 ( )	2. ( )	3. ( )					
Email(s): 1.	2.	3.					
NEW Contact Details: Home Ph	one ( )	Work Phone ( )					
Mobile(s): 1. ( )	2. ( )	3. ( )					
Email(s): 1.	2.	3.					
Preferred Contact: Phone							
Section 3 Banking (For s	ecurity reasons you must provide p	revious Banking details)					
<b>Previous</b> Banking Details:							
Name of Bank/Depository							
Branch & Branch Address							
Bank BSB Code Account Number							
Name(s) on Bank Account							
New Banking Details: Effective Date:							
Name of Bank/Depository							
Branch & Branch Address							
Bank BSB Code Account Number							
Name(s) on Bank Account							
Please send my statement via Email  OR send via Post							
Owner(s) or Authorised 1.		Date	1				
<b>Company Signature</b> (All registered owners must sign) 2.		Date	]				
3.		Date	]				



