

Change of details and address notification

Only complete those details which have changed.

 Please print clearly in blue or black pen

Your Details

Please circle: Mr / Mrs / Ms / Miss / Other

Given name/s Surname

Are you known by any other name? Membership No

Contact phone number Email

New Residential Address

Unit or house number Street

Suburb or town Postcode

Do you own or are you purchasing the above residence? Yes No

Date commenced at new address:/...../.....

LIS KEY:

OFFICE USE ONLY

New Postal Address (if different to your residential address)

PO Box Suburb or town Postcode

New Details on your Spouse or Defacto and any Dependants

Dependants are aged under 16 years and living with you. Please supply any additional details on an attachment if required.

Spouse or defacto's name M / F Date of birth/...../.....

Dependant's name M / F Date of birth/...../.....

Dependant's name M / F Date of birth/...../.....

Dependant's name M / F Date of birth/...../.....

Dependant's name M / F Date of birth/...../.....

Has your spouse or defacto and any dependants changed address? Yes No

If yes, please list their name/s:

New Information Relating to Electricity Concessions

Do you use pre-paid electricity tokens? Yes No

If yes, please indicate if you use narrow or wide tokens Narrow Wide

Does anyone else in your house receive electricity tokens? Yes No

Do you have an e-token meter? Yes No

New Membership Category

Please indicate below the valid concession you receive, which has been issued by the Commonwealth Department of Human Services or Commonwealth Department of Veterans' Affairs.

DEPARTMENT OF HUMAN SERVICES (Centrelink)

<input type="checkbox"/> Pensioner Concession Card	Ref No (CRN):	Category on Card:
<input type="checkbox"/> Health Care Card Low Income	Ref No (CRN):	Category on Card:
<input type="checkbox"/> Seniors Health Card	Ref No (CRN):	Category on Card:
<input type="checkbox"/> Carer Allowance	Ref No (CRN):	

DEPARTMENT OF VETERANS' AFFAIRS (DVA)

<input type="checkbox"/> Pensioner Concession Card	Card No:	Category on Card:
<input type="checkbox"/> Health Card TPI (Gold)	Card No:	Category on Card:
<input type="checkbox"/> Health Card War Widow/er (Gold)	Card No:	Category on Card:
<input type="checkbox"/> Health Card Pharmaceuticals Only (Orange)	Card No:	Category on Card:
<input type="checkbox"/> Seniors Health Card	Card No:	Category on Card:

Declaration

I declare all information provided in this form is true and correct.

..... Date/...../.....

Member's signature

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Has address and ownership details been checked on ILIS? Yes No

PCS updated

Processed by: _____ Checked by: _____ Manager: