

## Member Details

Member number

Member name in full

Member number

Member name in full

## New Address Details

### New Residential address

Unit/Floor/Street no    Street

Suburb / Town

State

Postcode

### New Postal address (if different from above)

Suburb / Town

State

Postcode

## New Contact Details

Email address

Home phone

Mobile phone

Work phone

Fax

## Authorisation

The specified details are effective from the below date

I/We require my/our insurance policies with ECU to be updated with the new details

Yes     No

I/We request ECU to activate these facilities as indicated.

Signature

Date

Signature

Date

*This authority must be signed in accordance with the Membership signing authority - either to sign requires 1 signature, both to sign requires 2 signatures.*

### OFFICE USE

- Specified Changes applied in P&R
- Event loaded - Updated Member Contact Details
- Services in Use - Update Alerts if mbr has any loaded, email address and/or mobile phone
- Joint Member Screen Altered
- Membership/s held in the same name altered (check DOB)
- Agency / Branch number changed
- Look through accounts. If Insurance policies held, advise your in Branch Insurance person

Operator Name

Operator Signature

Date