



Change of Contact Details

Use this form to notify us of any change in your contact details, or of any change in the contact details of your authorised recipient and/or representative, or to withdraw a previous authorisation of a person to receive correspondence on your behalf, or act as your representative. If your contact details have changed, you must also inform your authorised recipient and/or representative (if you have one) and the Department of Home Affairs. To nominate a new authorised recipient and/or a representative, please use form MR5.

Applicant's name:

Applicant's date of birth:

DAY/MONTH/YEAR

Case file no. :

A: Applicant contact details

No change **OR** My new contact details are:

New name:
(if applicable)

(Note: Please provide any documents in support of your change of name e.g. marriage certificate. If the documents are in a language other than English, they must be accompanied by an English translation from an accredited translator.)

New residential address:

New postal address: same as residential address

Daytime phone:

Mobile:

Fax:

Email:

B: Authorised recipient contact details (To nominate a new authorised recipient, you must complete form MR5)

No change **OR** My authorised recipient's new contact details are:

Name:

Organisation:
(if applicable)

New postal address:

Daytime phone:

Mobile:

Fax:

Email:

Client reference no. :
(if applicable)

C: Representative contact details (To nominate a new representative, you must complete form MR5)

No change **OR** My representative's new contact details are:

Name:

Organisation:
(if applicable)

New postal address:

Daytime phone:

Mobile:

Fax:

Email:

Your client reference no. :
(if applicable)

D: Cancellation of authorised recipient

I withdraw my previous authorisation of a person to receive correspondence on my behalf. I now wish all correspondence to be sent to me.

E: Cancellation of representative

I withdraw my previous authorisation of a person to act as my representative.

F: Communication by email

If you have provided an email address, we may use the email address to contact you. You can also agree to us sending all case correspondence by email, including hearing notices, directions and the decision record.

I agree to you sending all correspondence by email, and acknowledge that there are risks in transmitting information via email and that while you strive to protect such information, it cannot guarantee the security or integrity of information transmitted via email or by other means.

Please add your name, signature and date before submitting this form.

Name:

Signature:

Date:

DAY/MONTH/YEAR

OFFICE USE ONLY Signature verified and CaseMate updated by:

Date: / /