



# Change of Personal Details Form

Complete this form using **black pen** – Print in clear **CAPITAL LETTERS**

**Change of name** - Complete sections 1, 2 and 4

**Change of contact details** - Complete sections 1, 3 and 4

**Questions?** Please call our Customer Service department on 1300 347 890, 7am to 7pm (AEST) Monday to Friday.

Contract Number:  Vehicle Registration Number:

## 1. Borrower Details

Title  Mr  Mrs  Miss  Ms  Other  Date Of Birth dd/mm/yyyy

First Name  Middle Name  Last Name

## 2. Change of Name

Title  Mr  Mrs  Miss  Ms  Other

New First Name  New Middle Name  New Last Name

Old Signature  New Signature

### The reason for the change:

- Using a new name due to Marriage (original certified copy\* of Marriage Certificate^ must be attached)
- Using a former name (certified copy\* of original Birth Certificate and a copy of one of the following certified\* document must be attached: Marriage Certificate^ OR Change of Name Certificate OR Decree Nisi/Divorce Certificate)
- Using a new name (certified copy\* of original Change of Name Certificate must be attached)

^ Marriage certificate must be issued by the state registry office i.e. Births, Deaths and Marriages. Ceremonial certificate will not be accepted.

### \*Certified Copies

Certified copy means a document that has been certified as a true copy of an original document by one of the following persons:

- Justice of the Peace
- Police Officer
- Solicitor or Barrister
- Australia Post worker who is in charge or has 5 years continuous service
- Accountant who is a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
- Dentist or Medical Practitioner
- Pharmacist
- Vet

A complete list of acceptable certifiers can be found at [www.austrac.gov.au/glossary#certified-copy](http://www.austrac.gov.au/glossary#certified-copy)

### 3. Change of contact details

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#### New Residential Address

Unit number	Street Number
<input type="text"/>	<input type="text"/>
Street Name	
<input type="text"/>	
Suburb	Postcode
<input type="text"/>	<input type="text"/>

#### New Mailing Address

Same as residential address

Unit number	Street Number
<input type="text"/>	<input type="text"/>
Street Name	
<input type="text"/>	
Suburb	Postcode
<input type="text"/>	<input type="text"/>

#### New Contact Details

Mobile Number	Other Phone	<input type="checkbox"/> Home	<input type="checkbox"/> Work
<input type="text"/>	( ) <input type="text"/>		
Email Address			
<input type="text"/>			

### 4. Signature

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I acknowledge it is an offence under the Anti- Money Laundering and Counter Terrorism Financing Act 2006 to provide false or misleading statements or produce misleading documents.

Signature

Date

### Submit the Form

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Once all relevant sections have been completed in full, please submit this form with any supporting documents required to:

- Mail **Locked Bag Locked Bag 7000, Mount Waverley, Victoria 3149**
- Fax **03 9797 4408**
- Email [csc@skylinecarfinance.com.au](mailto:csc@skylinecarfinance.com.au)