

# Changes to Membership Details

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## Member Details

CIRT ID \_\_\_\_\_ Member Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Change of Name:

Title: Mr/Mrs/Miss/Ms Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this form and attach certified copies of change of name documentation (Eg Marriage Certificate)

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## Change of Address:

Home Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

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## Change of Contact Details:

Email address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

CIRT will collect your personal information for the "primary purpose" of establishing and maintaining your redundancy account. We may at times collect information directly from your employer. CIRT will not misuse or change your information without your knowledge. If you would like to see CIRT's Privacy Policy, visit our Web site at [www.cirt.com.au](http://www.cirt.com.au)

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Address: \_\_\_\_\_

(Witness must be 18 years of age or older)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Witness required for a change of name request)

TRUSTEE: CIRT (QLD) Pty Ltd A.C.N. 011 050 329  
Administered by: Malcolm V. Leeke & Co.

PLEASE COMPLETE FORM AND SEND TO CIRT C/- MALCOLM V. LEEKE & CO. at  
Post: PO BOX 42 Everton Park QLD 4053 or Email: enquiries@cirt.com.au