

## CHANGES TO MEMBERSHIP DETAILS

### MEMBER DETAILS

CIRT ID:  Member's Name:   
Date of Birth:

### 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 (e.g., Marriage Certificate)

### CHANGE OF ADDRESS

Home Address:   
Suburb:  State:  Post Code:   
Postal Address:   
Suburb:  State:  Post Code:

### CHANGE OF CONTACT DETAILS

Email Address:   
Mobile 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 Website at [www.cirt.com.au](http://www.cirt.com.au)

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)

Please email completed form to [enquiries@cirt.com.au](mailto:enquiries@cirt.com.au)