

Change of Address Authority



Please complete and sign the form to update your contact details. You can return the form to one of our service centres, by post or email ask.us@fndc.govt.nz

1. Account Reference Number/s (e.g RA or WA)

If this change of address is to apply to multiple accounts, licences or consents (e.g. Dog, Health, Liquor, Club, Dangerous Goods, Building, Resource, Debtor) please supply individual account details:

2. Name

3. Previous Postal Address

Address

Town Region/State

Postcode Country

4. New Postal Address

Address

Town Region/State

Postcode Country

5. Contact Details

Date of birth Email

Mobile Telephone

6 Authorisation (tick one)

Owner Leasee

I confirm that I am the named contact listed above; or

I am acting as an authorised agent of the named contact who has the authority to request this change of address and have attached a copy of that authority.

Name

Signature Date / /

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