



MEMBER CHANGE OF ADDRESS FORM

Member Name: _____ hereby give
permission for the following amendments to my

Account No: _____

Change of address from

Previous Address: _____

To

New Address: _____

Phone (Home): _____ Phone (Mobile) : _____

Members Sig: _____

Verified by: _____

Date: _____

Verification Method

Members signature on system	
Contacting member to verify	

For Internal Use Only	
Evidence of Address: (Copies to be attached) (Please ✓)	
Original Recent Household Bill (dated within last three months)	
Bank Statement (dated within last three months)	
Government Correspondence (dated within last three months)	
Details	