



Office Use Only

Ref No: /

# Notification of Change of Contact Details



All personal information will be handled in accordance with the Privacy Act 2000. Details may be verified with or provided to other agencies where necessary or required by law.

Please print clearly in **English** using **CAPITAL LETTERS** in **black or blue pen**.

Only original forms will be accepted. Scanned, faxed or photocopied forms will NOT be accepted

Section A	Applicant's Personal Details	
1. Applicant's Reference Number	ADC : Z / <b>or</b> DC (NZ): DC	
2. Surname or Family name		
3. Given or first name(s)		
4. Date of Birth and Sex	Day / Month / Year	<input type="checkbox"/> Female <input type="checkbox"/> Male

Section B	Previous Contact Details	
5. Previous details.	Address	
	Suburb	Post/Area Code:
	State/Territory	
	Country	
	Preferred Telephone #	
	Email Address	



The details below are for contacting purposes only and does not give any resident other than the applicant the authority to act on their behalf.

All correspondence will be forwarded to the details below only.

<b>Section C</b>	<b><u>NEW</u> Contact Details</b>
6. NEW details.	<i>Address</i>
	<i>Suburb</i> <span style="float: right;"><i>Post/Area Code:</i></span>
	<i>State/Territory</i>
	<i>Country</i>
	<i>Preferred Telephone #</i>
	<i>Email Address</i>

<b>Section C</b>	<b>Declaration</b>
<ul style="list-style-type: none"> <li>• I undertake to inform the Australian Dental Council of any changes to my circumstances and details.</li> <li>• I am the person named in this Application, information provided on this form is true and correct</li> </ul>	
<b>Signature of Applicant</b> _____	
<b>Date:</b> /                    / <span style="margin-left: 100px;"><i>Day</i></span> <span style="margin-left: 100px;"><i>Month</i></span> <span style="margin-left: 100px;"><i>Year</i></span>	

**Post your completed form to:** Australian Dental Council  
 PO Box 13278, Law Courts  
 Victoria, Australia 8010