



### Individual to complete

Amend existing details

(If advising a name change, please note that proof of change must accompany this advice.)

Title

Surname

First name

Middle name

Preferred name

Date of birth

Home phone

Mobile

Residential address

Postcode

as above

Postal address

Postcode

Email work

Personal email

Congregation, appointing body, Synod office group/team

Start date

Position title

Please list any medical conditions (*optional*)

### Emergency contact

Please list two people we can contact in the event of an accident or emergency

#### Emergency contact 1

Full name

Relationship to you

Home phone

Mobile

#### Emergency contact 2

Full name

Relationship to you

Home phone

Mobile

## Bank details

If advising a change in bank details, this advice will replace any previous details provided.

**Bank account 1** (full pay or balance after payment to account 2, will be deposited into this account)

Financial institution

Branch

Account name

BSB —

Account number

**Bank account 2** (fixed amount only)

Financial institution

Branch

Account name

BSB —

Account number

Amount to be deposited per pay \$

Signed

Date

Office use only	Received date	Actioned by	Actioned date	Checked by
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