

# 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](mailto: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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