

CHANGE OF ADDRESS

This form can be used for all occupational licence and registration jurisdictions.

Applicant's details

Client ID number _____ Licence/Registration No: _____
 Full Name _____

New Residential Address / Registered Company Address

Unchanged

 _____ Postcode: _____

New Postal Address

As Above Unchanged

 _____ Postcode: _____

Contact Details

Phone numbers

Mobile _____ Alternative _____
 Email _____

Electronic Contact Consent (If you do not complete this section, information will be sent to your postal address)

- I agree to receive** licensing information including all licence renewals, reminders and penalties by email
- I also agree to receive** reminders by SMS (only available when choosing to receive information by email)

Statutory declaration

I hereby give permission to Consumer and Business Services to

- change my addresses as detailed above
- change my phone and email contact details
- Update my details to reflect my Electronic Contact Consent options.

Signature _____ Date: _____

Where to lodge this Form

In person Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000	Post Licensing and Registration GPO Box 1719 ADELAIDE SA 5001	Electronically Scan and email all documents to: occupational@sa.gov.au	More information www.cbs.sa.gov.au Ph: 131 882
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