

Complete this form using **black pen** – Print in clear **CAPITAL LETTERS**

Change of name - Complete sections 1, 2 and 4

Change of contact details - Complete sections 1, 3 and 4

Questions? Please call our Customer Service department on 1800 009 008, 7am to 7pm (AEST) Monday to Friday.

Contract Number: Vehicle Registration Number:

1. Borrower Details

Title Mr Mrs Miss Ms Other Date Of Birth dd/mm/yyyy

First Name Middle Name Last Name

2. Change of Name

Title Mr Mrs Miss Ms Other

New First Name New Middle Name New Last Name

Old Signature New Signature

The reason for the change:

- Using a new name due to Marriage (original certified copy* of Marriage Certificate^ must be attached)
- Using a former name (certified copy* of original Birth Certificate and a copy of one of the following certified* document must be attached: Marriage Certificate^ OR Change of Name Certificate OR Decree Nisi/Divorce Certificate)
- Using a new name (certified copy* of original Change of Name Certificate must be attached)

^ Marriage certificate must be issued by the state registry office i.e. Births, Deaths and Marriages. Ceremonial certificate will not be accepted.

***Certified Copies**

Certified copy means a document that has been certified as a true copy of an original document by one of the following persons:

- Justice of the Peace
- Police Officer
- Solicitor or Barrister
- Australia Post worker who is in charge or has 5 years continuous service
- Accountant who is a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
- Dentist or Medical Practitioner
- Pharmacist
- Vet

A complete list of acceptable certifiers can be found at www.austrac.gov.au/glossary#certified-copy

3. Change of contact details

New Residential Address

Unit number	Street Number
<input type="text"/>	<input type="text"/>
Street Name	
<input type="text"/>	
Suburb	Postcode
<input type="text"/>	<input type="text"/>

New Mailing Address

Same as residential address

Unit number	Street Number
<input type="text"/>	<input type="text"/>
Street Name	
<input type="text"/>	
Suburb	Postcode
<input type="text"/>	<input type="text"/>

New Contact Details

Mobile Number	Other Phone	<input type="checkbox"/> Home	<input type="checkbox"/> Work
<input type="text"/>	(<input type="text"/>) <input type="text"/>		
Email Address			
<input type="text"/>			

4. Signature

I acknowledge it is an offence under the Anti- Money Laundering and Counter Terrorism Financing Act 2006 to provide false or misleading statements or produce misleading documents.

Signature

Date

Submit the Form

Once all relevant sections have been completed in full, please submit this form with any supporting documents required to:

- Mail **Locked Bag 2004, Brandon Park VIC 3150**
- Fax **03 9797 4408**
- Email rfs_csc@renault.com.au