

NOTIFICATION OF CHANGE OF DETAILS

PLEASE COMPLETE THE FOLLOWING AND FORWARD BY FAX, EMAIL OR POST TO MOTORCYCLING NSW LIMITED IMMEDIATELY IF YOUR PERSONAL DETAILS CHANGE.

NAME: _____

LICENCE NO: _____ **EXPIRY DATE:** _____

CONTACT NUMBER: _____

PREVIOUS NAME: _____

NEW NAME: _____

Please attach official documents supporting your change of name (Marriage certificate, Change of Name certificate etc). Applications cannot be processed without a supporting document.

ALL SECTIONS MUST BE COMPLETED

<i>CHANGES MADE:</i>	<i>DATE:</i>
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