

Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062
("BFS" and "Baptist Financial Services")
A National Affiliated Ministry of Australian Baptist Ministries

Ph 1300 650 542

Email clients@bfs.org.au

Web www.bfs.org.au



CHANGE OF DETAILS

1. Current Details

Please complete the Change of Details, print and sign, before sending it to us via clients@bfs.org.au.
Change of address, name, interest payment, account name for BFS clients, signatories and accounts.
For more changes to any sections below please complete Appendix A, Additional Information (page 3) or
attached as page 4. **Please use BLOCK LETTERS.**

Account Name

	Client No: (if known)	_____
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Secondary account name (e.g. holiday a/c)

Signatory 1

Title	Given name(s)	Surname	Client No: (if known)

Signatory 2

Title	Given name(s)	Surname	Client No: (if known)

2. Change of Individual Name and/or Address

Please provide a copy (certified as a true copy by a Justice of the Peace or Solicitor) of all supporting documents as evidence of the new name and/or address (updated driver's license, passport, pension card etc.).

Reason for change of name (e.g. marriage)

Former Name

_____		_____	
New Title	New Given name(s)	New Surname	

New Street address

Property Name	Unit/St No	Street Name	Suburb	State	Postcode

New Postal address (optional: only if different from street address)

Property Name	Unit/St No	Street Name	Suburb	State	Postcode

New Contact Details [Please include the details of at least two contacts (e.g. e-mail and phone number) and area code(s)]:

Phone:	()	Mobile:	
E-mail:			

Previous signature	New signature
x	x

3. Change of Association, Business, Company, Trust or Sole Trader Name

Pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Baptist Financial Services Australia Limited (BFS) cannot commence providing the Client with financial services until we obtain certain information about the Client from you and verify that this information is true and correct.

Existing Association, Business, Company, Trust or Sole Trader name

Previous ACN/ABN:	_____	New ACN/ABN (if applicable):	_____

New Association, Business, Company, Trust or Sole Trader name

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I/We have attached the applicable Customer Identification and Verification form (via www.bfs.org.au) and the required documents or information listed therein for our selected entity type:

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> INCORPORATED ASSOCIATIONS | <input type="checkbox"/> UNINCORPORATED ASSOCIATIONS | <input type="checkbox"/> Minutes |
| <input type="checkbox"/> DOMESTIC COMPANY | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST |
| <input type="checkbox"/> Registered by ASIC | <input type="checkbox"/> Registered and amended in ACNC | <input type="checkbox"/> Other |

For any changes to the list of officeholders, please provide a list of all the current officeholder names and positions (Pastor, President, Secretary, Treasurer, Director, Appointor etc.) under the changed entity.

Officeholder(s):			
Position(s):			
Officeholder(s):			
Position(s):			

4. Change of Association, Business, Company, Trust or Sole Trader Address

New Street address

Property Name	Unit/St No	Street Name	Suburb	State	Postcode

New Postal address (optional: only if different from street address)

Property Name	Unit/St No	Street Name	Suburb	State	Postcode

Contact Details [Please include the details of at least two contacts (e.g. e-mail and phone number) and area code(s)]:

Phone:	()	Mobile:	
E-mail:			

Signatory Changes: New Residential address

Unit/St No	Street Name	Suburb	State	Postcode

New Postal address (optional: only if different from street address)

Unit/St No	Street Name	Suburb	State	Postcode

Contact Details [Please include the details of at least two contacts (e.g. e-mail and phone number) and area code(s)]:

Phone:	()	Mobile:	
E-mail:			

5. Change of Account Name

Please provide a copy (certified as a true copy by a Justice of the Peace or Solicitor) of all supporting documents.

New Account Name

	Client No: (if known)	_____
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New Secondary account name (e.g. holiday a/c)

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6. Change of Interest Payment

Account Name

Account Number(s)

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Please select: Add interest to balance Pay interest into the following account:

BFS Account name:		Account No:	
OR Account name:			
Other Financial Institution:		Branch:	
BSB number:	____ - ____	Account No:	_____

7. Authorisation

I/we authorise the changes above.

Authorised signatory

Authorised signatory

Authorised signatory

*	*	*
Name: _____	Name: _____	Name: _____
Date: _____ (dd/mm/yyyy)	Date: _____ (dd/mm/yyyy)	Date: _____ (dd/mm/yyyy)

Appendix A, Additional Information

Change of name details (including ACN/ABN if applicable) and reason:

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Change of address details (including postal address if applicable):

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Changed Contact Details:

Phone:	()	Mobile:	
E-mail:			

Previous signature	New signature
*	*