



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 035 035, 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 [ X ] New Signature [ X ]

**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](http://www.austrac.gov.au/glossary#certified-copy)

### 3. Change of contact details

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#### 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"/>		
Email Address			
<input type="text"/>			

### 4. Signature

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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
<input type="text"/>	<input type="text"/>

### Submit the Form

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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 Victoria 3150**
- Fax **03 9797 4408**
- Email [nfsa\\_csc@nissan.com.au](mailto:nfsa_csc@nissan.com.au)