



# THE HUNTLEY GROUP

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## CLIENT CHANGE OF CONTACT DETAILS

PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM AND SEND IT BACK TO THE HUNTLEY GROUP.

**PROJECT** \_\_\_\_\_ **INVESTOR #** \_\_\_\_\_

### INVESTOR # 1 DETAILS

FIRST NAME \_\_\_\_\_

SURNAME/COMPANY OR TRUST NAME: \_\_\_\_\_

### INVESTOR # 2 DETAILS (IF APPLICABLE)

FIRST NAME \_\_\_\_\_

SURNAME/COMPANY OR TRUST NAME: \_\_\_\_\_

### POSTAL DETAILS

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

HOME TEL \_\_\_\_\_ WORK TEL \_\_\_\_\_

EMAIL \_\_\_\_\_

### BANKING DETAILS

Please pay all distributions and dividend payments to the following account:

FINANCIAL INSTITUTION \_\_\_\_\_ BRANCH \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

BSB \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

### TAX FILE NUMBER \* / EXEMPTION CODE \* / ABN \*

INVESTOR # 1 TAX FILE NUMBER \_\_\_\_\_ TAX EXEMPTION \_\_\_\_\_

INVESTOR # 2 TAX FILE NUMBER \_\_\_\_\_ TAX EXEMPTION \_\_\_\_\_

\* Note: if you do not supply a tax file number, exemption code or ABN, any payments you receive may be charged at the highest marginal rate of tax (plus Medicare Levy)

SIGNATURE INVESTOR # 1 \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE INVESTOR # 2 \_\_\_\_\_ DATE \_\_\_\_\_