



Amend Personal Details

Please return this form to: NAATI PO Box 223 DEAKIN WEST ACT 2600 AUSTRALIA

NAATI Number:
(if known)

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Part 1 Current Details with NAATI

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <i>please specify</i>				
Given names					
Family name					
Date of birth	D D / M M / Y Y Y Y	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>			(please tick <input checked="" type="checkbox"/> one)

Part 2 New Details

I wish to change my name

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <i>please specify</i>				
New given names					
New family name					

Please attach legal evidence of name change (e.g. certified copy of Marriage Certificate, Change of Name certificate/deed etc).

I wish to change my address details

Address			
	Suburb	State	Post/Zip code
	City	Country	
Postal address <i>(If your postal address differs from above)</i>			
	Suburb	State	Post/Zip code
	City	Country	

I wish to change my contact details

Home phone	()	Business phone	()
Home fax	()	Business fax	()
Home mobile		Business mobile	
Home email		Business email	
Website			

Signature:	Date D D / M M / Y Y Y Y
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OFFICE USE ONLY			
SOURCE (eg phone):		ENTERED INTO SAM BY:	
		DATE:	