

Change or Verification of Details: Address and personal details form

Description of Form

This form is used to notify the Department of Industry - Lands (the Department) of changes to your current details or to verify your existing details.

Important Information

You must be a current land account holder to update details. Registered holders are listed on the reverse side of your Land Account Notice.

A separate form is required to be completed by each holder.

Contact Us

For more information, please contact us at:

Department of Industry - Lands PO Box 2155 DANGAR NSW 2309

T: 1300 886 235 (option 1)

F: 02 4925 3452

E: accounts@crownland.nsw.gov.au W: www.crownland.nsw.gov.au

Privacy statement

The personal information you provide on this form is subject to the Privacy & Personal Information Protection Act 1989. It is being collected by NSW Department of Industry, Skills and Regional Development and will be used for purposes related to this request. NSW Department of Industry, Skills and Regional Development will not disclose your personal information to anybody else unless authorised by law. The provision of this information is voluntary or required to be supplied. If you choose not to provide the requested information we may not be able to process this request. You have the right to request access to, and correct details of, your personal information held by the department. Further information regarding privacy can be obtained from the NSW Department of Industry, Skills and Regional Development website at www.industry.nsw.gov.au/legal/privacy

Account Information

Enter the Notice Number of your most recent Land Account Notice. The Notice number appears in the top righ
hand corner of your Land Account Notice. For help telephone the Department's Client Services on 1300 886
235 (option 1) or 02 9842 8200.

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Notice Number	er / Ac	count Nu	ımbe	er(s)												
Applicant details (This information may be used to positively identify you during your dealings with the Department)																
Salutation	ШМ	r M	rs	☐ Ms	s	s [] Dr	Oth	er:							
First Name							Midd	dle Nam	ne							
Surname							'			'						
Date of Birth																
Organisation ,	/ Busir	ess Nan	ne													
ABN/ACN																
Home addres	s															
Postal addres	ss															
Home telephone					Work						Mobile)				
Email address	5															
Declaration I hereby declare as a registered holder or representative (supporting documentation required), that the above information is true and correct													Э			
Name																
Signature										Date						
Lodgement → Mail to Department of Industry- Lands, PO Box 2155 DANGAR NSW 2309 → Email to accounts@crownland.nsw.gov.au → Fax to (02) 4925 3452																
Office use only – Refer to the Receipting and Referrals Codes Document																
☐ Client Service	s I		Ad	ccount	Number				Τ_		I					
Entered by									Da	ate						