



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 009 008, 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

New Signature

**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"/> ) <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

### 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 VIC 3150**
- Fax **03 9797 4408**
- Email [rfs\\_csc@renault.com.au](mailto:rfs_csc@renault.com.au)