



School of:

Campus:

NOTIFICATION OF CHANGE OF CONTACT DETAILS

Surname: First Name.....

Student No: Qualification:

Please tick which address you wish to change:

<input type="checkbox"/>	Postal	<input type="checkbox"/>	Account	<input type="checkbox"/>	Study	<input type="checkbox"/>	Next of kin
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Current address		New address	
Postal code:		Postal code:	

Please tick which phone number/s you wish to change:

	Place tick in this column	Dialing code	Current phone number	Dialing code	New phone number
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next of kin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>				

Signature of Applicant: Date:

NB: Please complete another form if you wish to change more than one address. Completed forms must be submitted to your College Office.

For office use only:

Name of data capturer	Date	Signature