

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

CUSTOMER DETAILS

Loan Account Name _____ Loan Account Number _____
 Contact name _____

OLD ADDRESS

Address _____
 Town/City _____ State _____ Postcode _____

NEW ADDRESS

Address _____
 Town/City _____ State _____ Postcode _____
 Phone (home) _____ Mobile _____
 Phone (business) _____
 Email _____

SIGNATORIES

Important note – ALL borrowers on the loan must sign below

Signature _____ Full name _____ Date _____	Signature _____ Full name _____ Date _____
Signature _____ Full name _____ Date _____	Signature _____ Full name _____ Date _____

RETURN COMPLETED, SIGNED FORM TO:

Mail: **La Trobe Financial**
GPO Box 2289
Melbourne Victoria 3001 Australia

Email: **customerservices@latrobefinancial.com.au**

Office use only

All signatures verified to file, system updated and Authority placed on file _____ Stamp/Sign/Date _____