



DOCU-STORE

Records Management | Document Destruction

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CHANGE OF AUTHORITY OR CONTACT DETAILS

Client Name: _____

Client Code: _____

New Authorised Person:

Name	Email Address	Signature

Delete Authorised Person:

Name	Email Address	Signature

Change of Contact Details

New Physical Address	<hr/> <hr/> <hr/> <hr/>
New Mailing Address	<hr/> <hr/> <hr/> <hr/>
New Telephone Contact Details:	<hr/>
New Email Contact Details:	<hr/>

Authorised by

Name: _____ Signature: _____

Date: _____