FORTHING
NZ Financial Services

Change of Personal Details Form

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 0800 165 165.

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 Births, Deaths and Marriages (Department of Internal Affairs). Ceremonial certificates 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
- Notary Public
- Solicitor or Barrister
- Chartered Accountant Australia and New Zealand member (including membership number)
- Member of Parliament
- Magistrate
- New Zealand embassy/consular staff

A complete list of acceptable certifiers can be found at *Section 9 of the Oaths and Declarations Act 1957 (NZ).*

3. Change of contact details

New Residential Address

Unit number | Street Number

Street Name

Suburb | Postcode

New Mailing Address Same as residential address ☐

Unit number | Street Number

Street Name

Suburb | Postcode

New Contact Details

Mobile Number | Other Phone ( ) ☐ Home ☐ Work

Email Address

4. Signature

I acknowledge it is an offence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 to provide false or misleading statements or produce misleading documents.

Signature ✘

Date / /

Submit the Form

Once all relevant sections have been completed in full, please submit this form with any supporting documents required to:

- Mail **PO Box 83101, Wellington, 6440**
- Email **csc@automotivelendingsolutions.co.nz**