



BUSINESS RELATION NUMBER:

MEMBER DETAILS UPDATE FORM

****Please ensure that the following information is completed accurately**

Name(s) and Surname/Publisher Names

(As it appears on ID/Passport)

ID/Passport/Company Reg Number

Physical Address

Postal Address (If Applicable)

House number & Street Number		PO Box
Suburb/Location		
City/Town		City/Town
Postal Code		Postal Code

CONTACT DETAILS

Mobile/Cellphone number (s)	
Alternative number	
Email address	

Name(s) and Surname (as it appears on id):
Pseudonym/stage name(s):

Member signature: _____

Date: _____