

This form is to notify IGI of any changes to your contact details information.
It is your responsibility to inform IGI of any changes to your contact details **within 7 days**.

STUDENT DETAILS

Student ID: _____ Family Name: _____
Given Name(s): _____ Date of Birth: _____
Mobile: _____ E-mail: _____
Course: _____

CHANGE OF ADDRESS

CURRENT ADDRESS

Address: _____
City: _____ State: _____ Postcode: _____
Country: _____

NEW ADDRESS

Address: _____
City: _____ State: _____ Postcode: _____
Country: _____

CHANGE OF NAME

Previous name: _____
New name: _____

I have attached documentary evidence (i.e. marriage certificate, deed pool declaration etc.) to support the above name change request.

EMERGENCY CONTACT DETAILS

Given Name(s): _____ Family Name: _____
Phone: _____ E-mail: _____
Address: _____
City: _____ State: _____ Postcode: _____
Country: _____

STUDENT DECLARATION

I declare that the information provided by me on this form is true and correct.

Applicant's Signature: _____ **Date:** _____