



UPDATE CONTACT DETAILS FORM

***Required information**

***Company Name**

***Employer ID**

Company Trading Name (if different to above)

***ACN / ABN**

Add/Change Contact Person

Main Contact – Full Name

Main Contact – Phone Number

 ()

Main Contact - Email

Main Contact - Position

Additional Contact – Full Name

Additional Contact – Phone Number

 ()

Additional Contact - Email

Additional Contact - Position

Remove Contact Person

1) Contact – Full Name

Contact – Email

2) Contact – Full Name

Contact - Email

3) Contact – Full Name

Contact - Email

***Name of Authorised Officer**

***Position**

***Signature of Authorised Officer**

***Date**

 / /

Please email completed form to admin@coallsl.com.au for processing.

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FORM TRANS 37.1