



PERSONAL DETAILS FORM

PERSONAL DETAILS

LSL Number	<input type="text"/>				
Surname	<input type="text"/>	First name	<input type="text"/>		
Middle name(s)	<input type="text"/>	Preferred name	<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other _____	Date of birth	<input type="text"/>

CONTACT DETAILS

Email	<input type="text"/>				
Mobile phone	<input type="text"/>	Home phone	<input type="text"/>		
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Is postal address different to residential address?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Postal address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

DECLARATION

I certify that the information I have provided in this form is true and correct.

Signature	<input type="text"/>	Date of signing	<input type="text"/>
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Email your completed form to: query@coallsl.com.au