



**Robe River Kuruma Aboriginal  
Corporation**

**Change of Address Form**

**BENEFICIARY INFORMATION**

Application Date:			
First Name:			
Surname:			
Mobile Number:		Date of Birth:	
Email:			

**PREVIOUS ADDRESS**

Street Address:		
City / Suburb:	State:	Postcode:

**NEW ADDRESS**

Street Address:	<input type="checkbox"/> Owner <input type="checkbox"/> Rental
City / Suburb:	State: Postcode:

**DETAILS**

Date moved:	
Supporting documentation provided by: <input type="checkbox"/>	Mortgage documentation / Rental agreement
<input type="checkbox"/> Centrelink / Dept of Housing	<input type="checkbox"/> Other Trust Fund or Aboriginal Corp.
<input type="checkbox"/> Utilities invoice / account	<input type="checkbox"/> Banking institution

Beneficiary Signature:	Date: / /
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**Please send completed forms and supporting documents to RRKAC**

by: Fax: (08) 9185 6006 Email: [memberservices@rrkac.org.au](mailto:memberservices@rrkac.org.au)

Mail: PO Box 1944, Karratha, WA, 6714

If you have any queries, please contact us on (08) 9185 5005