



Application to change the name of a Licensed Hospital

Practice Details (Current)

Practice Name (Current)

Practice Address

Suburb/Town

State

Postcode

Practice Phone Number

Practice Fax Number

Email

Practice Details (New)

Practice Name (New)

Change of Name Payment Details

Amount Payable \$49.50 (including GST)

Cheque (payable to: "Veterinary Practitioners Board of NSW")

Credit Card Payment

Name on Card

Card Number

Expiry Date

 /

Visa

Mastercard

Signature

Date

Signature

Date