



## Change of (Registered) Name

### Veterinary Practitioner - Change of particulars

Section 31

#### Existing Details

Certificate No.

Date of Birth

Existing Given Name(s)

Existing Surname

#### New Details

New Given Name(s) *(if applicable)*

New Surname *(if applicable)*

#### Reason for Change

Please tick one:

- Marriage  
 Divorce  
 Other

**\*\* Please attach a certified copy of documentation evidencing the change \*\***

#### Postal Address\* *(update if details have changed)*

Address

Please tick which address is below:  residential  business

Suburb/Town

State

Postcode

Home Telephone

Work Telephone

Mobile

Fax

Email

#### Declaration

I certify that the information provided on this form is true and correct, and that I am authorised to make this decision. I declare that I am the person named in the documents accompanying this application as set out in the "Reason for Change" section in this form.

Signature

Date

\* **NOTE:** Your postal address will appear on the VPB website search database unless we are otherwise notified.