



## REQUEST FOR CHANGE OF ADDRESS DETAILS ON THE REGISTER

**Name:** \_\_\_\_\_ **MPO:** \_\_\_\_\_

I wish to have my address changed on the Register of Medical Practitioners for NSW, to the address as stated below. I am aware that the address I have provided is available for public inspection on the Register:

**New Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For verification, please provide your previous address details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Should the Board wish to contact you regarding your request, please provide the following contact details:*

**\*Email address:** \_\_\_\_\_

**\*Contact number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

*\*These contact details are for Board purposes only in case of queries in relation to your request, and will not be available to the public.*

Please complete and return to:

NSW Medical Board  
PO Box 104  
GLADESVILLE NSW 1675  
Fax: (02) 9879 2229