

# Change of contact details

(Please indicate with an X)

<b>This is a for a:</b>	Legal Entity <input type="checkbox"/>	Facility <input type="checkbox"/>
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Name & Signature of Person Requesting Form	Contact Telephone Number

New Details

Old Details

Perorg Details	
<b>Provider Number</b>	
<b>Legal Entity Name of Business/Name of Individual</b>	
<b>Facility Name</b>	
<b>Manager / Contact Person</b>	
<b>Position Title of above</b>	
Address Details	
Postal Address	
<b>P O Box/Private Bag</b>	
<b>Street / Suburb</b>	
<b>CITY</b>	
Street Address	
<b>Street Number &amp; Name</b>	
<b>Suburb</b>	
<b>CITY</b>	
Other Contact Details	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Email</b>	
Financial Details	
<b>Bank Account Number</b>	* Attach deposit slip
<b>GST Number</b>	
<b>GST Rate</b>	

**Fax to**  
**Contracts Administrator**  
**Planning and Funding**  
**Bay of Plenty District Health Board**  
**07 578 0941**

Or email to [Julie.Kearns@bopdhb.govt.nz](mailto:Julie.Kearns@bopdhb.govt.nz) (as at April 2008)