



Formal Notification of Change of Contact Details

The Australian Pharmacy Council Inc (APC) must have written notification of a change of contact details from a candidate or their nominated agent. Please submit this form to notify the APC of any change of contact details.

First Name			
Middle Name			
Last Name			
Date of Birth	/	/	APC Reference No.

Please fill in all fields that require updating.

Old Address	

New Address	

Tick this box if you no longer wish to use your nominated agent to act on your behalf for APC purposes. *(If Applicable)*

Telephone	H	W	M
Email Address			

Effective Date	/	/	(i.e. from what date the new details will apply)
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	/	/
Signature	Date	

Candidates must sign this document for identification purposes

Please ensure you send the **original** form to the Australian Pharmacy Council Inc.