Roderick insurance brokers PTY LTD
AFS Licence No: 246613
ABN 21 006 514 236

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e: queries@roderick.com.au
www.roderick.com.au

CONTACT INFORMATION

This form is to be used for change of Postal Address & Contact Details only.
Acceptance of this form does not constitute acceptance of any changes to your existing cover.

All contact information is for our own records only and will not be used for any other purpose other than for us to contact you regarding your insurance.
We take your privacy seriously, you must provide us with the following policy information before a change can be made to your details. RIB's Privacy Policy can be obtained by contacting our office or visit us at www.roderick.com.au

Current Details	**Roderick Reference (Our Ref)** You will find this on your invoice	
	Policy Number You will find this on your invoice	

Change of Postal Address Details			
New Postal Address			
Suburb		**Postcode**	

Contact Person 1 ☐ Insured or ☐ Relationship to Insured

(Please tick appropriate box) ☐ **Mr** ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐ **Other (please state)**

Family Name	**First Name**	**Date of Birth**
		/ /
Occupation	**☎ Home Phone Number**	**☎ Work Phone Number**
	( )	( )
Mobile Phone Number	**E-mail address**	**Fax Number**
		( )

How would you prefer us to contact you?	☐ Phone ☐ *Home* ☐ *Work or* ☐ *Mobile* OR	☐ E-mail OR ☐ Fax
Is there a time that you would prefer us to contact you?	☐ Yes *(If Yes please indicate)* ☐ No	☐ am_____ ☐ pm _____

Contact Person 2 ☐ Insured or ☐ Relationship to Insured

(Please tick appropriate box) ☐ **Mr** ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐ **Other (please state)**

Family Name	First Name	Date of Birth
		/ /
Occupation	☎ Home Phone Number	☎ Work Phone Number
	( )	( )
Mobile Phone Number	E-mail address	Fax Number
		( )

How would you prefer us to contact you?	☐ Phone ☐ *Home* ☐ *Work or* ☐ *Mobile* OR	☐ E-mail OR ☐ Fax
Is there a time that you would prefer us to contact you?	☐ Yes *(If Yes please indicate)* ☐ No	☐ am_____ ☐ pm _____