



**CHIROPRACTORS
REGISTRATION BOARD
OF VICTORIA**

Level 17 150 Lonsdale St
MELBOURNE VIC 3000
Tel: 03 9639 8652
Fax: 03 9639 8653
GPO BOX 4831
MELBOURNE VIC 3000

Email: chirobd@chiroreg.vic.gov.au
Website: www.chiroreg.vic.gov.au

CHANGE OF DETAILS FORM:

YOUR NAME:.....

CHANGE OF NAME:

(if you wish to change your name on the Register , you must provide certified legal evidence enabling that change e.g. Marriage Certificate, Deed Poll etc)

CURRENT NAME ON THE REGISTER:.....

PROPOSED NEW NAME :.....

CHANGE OF ADDRESS:

ADDRESS TO BE DELETED:

Type: Private/Practice/Mailing

Details:.....

.....

NEW ADDRESS:

Type: Private/Practice/Mailing

Details:.....

.....

ADDRESS TO BE DELETED:

Type: Private/Practice/Mailing

Details:.....

.....

NEW ADDRESS:

Type: Private/Practice/Mailing

Details:.....

.....

Signed:

Date:

.....

.....