

Section 1 Lessor details

Details as they appear on your statement

Creditor code

Lessor name

Address of DHA leased property

If multiple properties, please include on page 2 - Additional information

State Postcode

Section 2 Contact details

Are you updating your contact details? No **Go to Section 3**

Yes Postal address

State Postcode

Phone numbers

Work ()

Home ()

Mobile

Email

How would you prefer to be contacted?

Phone work

Phone home

Mobile

Email

Section 3 Bank account details for electronic funds

Are you updating your account details? No **Go to Section 4**

Yes **NOTE:** If you are nominating a loan account please contact your bank prior to advising DHA to ensure third party payments will be accepted directly into the loan account.

Bank name

Branch name

Account name as it appears on your statement

BSB number (must be 6 digits)

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Contact your bank if you have a query regarding this number

Account number

(May be up to 9 digits)

Section 4 Declaration of documents

To assist DHA in keeping our records up-to-date we encourage you to declare and provide copies of any legal documents that affect the ownership or person(s) acting on your behalf regarding the leased property.

If the name of the person(s) acting on the account has changed since the leases inception, please provide the relevant documentation so that DHA can update the details. Examples include but are not limited to; Power of Attorney, Probate, Transfer, Marriage Certificate, Deed of Name Change or Nominated Signatories.

Have you attached documents? No **Go to Section 5**

Yes What document(s) have you attached?

Section 5 Additional information

Section 6 Signatories

Note: All owners or nominated signatories for the leased property must sign this form to initiate any change in details during the term of the lease.

I/We confirm that the information provided on this form is true and correct.

LESSOR 1
Signature

Printed name

Date

LESSOR 2
Signature

Printed name

Date

LESSOR 3
Signature

Printed name

Date

LESSOR 4
Signature

Printed name

Date

Thank you for taking the time to complete this form.

Please return it using the reply paid envelope provided.

- Or: By post: Accounts Payable
Attention: DHA Vendor
PO Box 7017
Canberra ACT 2610
- By email: DHA.Vendor@dha.gov.au
- Online: www.dha.gov.au/forms

If you have any questions in relation to this form, please call 139 DHA (139 342) or email DHA.Vendor@dha.gov.au