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## Change of Address

**When completed:** Fax to us on 1300 725 726 or Mail to GPO Box 84A, Melbourne VIC 3001.

### Your Practice Details

Company Name	Merchant Number	Terminal Number
		S

### Previous Practice Location

#### Address

Street		
Suburb	State	Postcode

### New Practice Location

#### Address

Street	
Suburb	
State	Postcode
Phone	Fax

**Date Relocation Effective**

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### New Practice Mailing Address (if different to location)

Street	
Suburb	
State	Postcode

### List of Providers at new location

**Important Note:** You are required to advise the HIC in respect to change of location. Please attach HIC letter for each provider at the new location.

Title	First Name	Surname	Provider Number	Speciality Code*

**\*Speciality Codes**

General Dentist (112) / Periodontist (143) / Paediatric Dentist (141) / Prosthodontist (139) / Physiotherapist (137) / Dental Prosthetist (270) / Endodontist (140) / Oral/Maxillofacial Surgeon (073) / Podiatrist (138) / Chiropractor (135) / Optical Dispenser (250) / Dispensing Optometrist (101)

### Authorised signatures

We hereby acknowledge that the existing HICAPS and EFTPOS contracts are to continue to be relied upon at the new location. Signed for and on behalf of the merchant facility owner (all signatories to the original HICAPS/EFTPOS contracts must sign).

Signature	Signature
Name	Name
Position (circle as applicable)	Position (circle as applicable)
Director / Partner / Sole Trader	Director / Partner / Sole Trader
Date	Date
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