FORM D
NOTIFICATION OF CHANGE OF NAME

TO: Breast Implant Registry
Australian Society of Plastic Surgeons Inc.
Suite 503, Level 5
69 Christie Street
ST LEONARDS NSW 2065

Dear Sir/Madam

Details of my change of name are as follows:

<table>
<thead>
<tr>
<th>Former FULL NAME</th>
<th>New FULL NAME</th>
</tr>
</thead>
<tbody>
<tr>
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Current Address  

Date of Birth  

Name and Address of Current General Practitioner  

Attached proof of name change (former and current)  

Tick all that apply:
- Birth Certificate
- Passport
- Certificate of Australian Citizenship
- Medicare Card
- Driver's Licence
- Signed letter from General Practitioner verifying proof
- Other (utility bill, bank statement showing address and name, etc)

Signature  

Date  

Breast Implant Registry
Australian Society of Plastic Surgeons Inc.
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St Leonards NSW 2065
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