

Name Change Form

New Owner Name: Owner Number: Last 4 of Taxpayer ID/Social Security Number: Current Address: Check here if this is a new address and you would like Australis TMS Inc. to upon Old Address:	date your records.
Last 4 of Taxpayer ID/Social Security Number: Current Address: Current Address: Check here if this is a new address and you would like Australis TMS Inc. to upon	date your records.
Current Address: ☐ Check here if this is a new address and you would like Australis TMS Inc. to upon	late your records.
☐ Check here if this is a new address and you would like Australis TMS Inc. to upon	date your records.
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☐ Check here if this is a new address and you would like Australis TMS Inc. to upon	date your records.
-	
Old Address:	
(if applicable)	
(if applicable)	
Contact Information:	
Home: Fax: Cell:	
Email:	
Type of document attached:	
☐ Marriage License ☐ Divorce Decree ☐ Other (alexan procific)*	
 Other (please specify)* Please note that a copy of a photo ID is not sufficient evidence to show 	
SIGNATURE:	OATE:
Please provide any special instructions:	

AUSTRALIS TMS INC.

AUSTRALIS OIL & GAS LIMITED

ABN 34 609 262 937

HEAD OFFICE

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