



NOTIFICATION OF CHANGE FORM

NEW BOX

OLD BOX

|                                      |  |
|--------------------------------------|--|
| Customer / Company Name:             |  |
| # POS                                |  |
| Home #                               |  |
| Office # Ext # Fax #:                |  |
| Mobile #                             |  |
| E-mail address :                     |  |
| Current Delivery Address:            |  |
| Details of Change / New Information: |  |
| Reason for Change:                   |  |

|             |            |
|-------------|------------|
| Print Name: | Signature: |
| Date:       |            |

THIS FORM IS TO BE CIRCULATED TO ALL DEPARTMENTS AND TO RESPECTIVE COURIER (S) (as required)!

- Cc: 1. Customer Service Department  
 2. Finance Department  
 3. Operations Department  
 4. Existing Courier  
 5. New Courier