**Request for Agency Details Change Form**

To enable us to process your request please complete the below information

|  |  |
| --- | --- |
| Current Agency Name |  |
| Current Policy Name (28 digits) |  |
| Current Policy Number |  |
| What is to be changed |  |
| Reason for change |  |
| Change Authorised by |  |
| Agency contact requesting the change |  |
| Evidence to support the change |  |
| Are any of the following factors changing and if so, how:  a) Size of Wage Bill  b) Type of work to be performed by the agency  c) Any other factor that  affects the risk profile of the agency |  |

If your agency’s name is changing please provide the new name in full, plus a 28 character or less (including spaces) version of the name. This version of the name will auto-populate onto claim correspondence and some reporting. Your full agency name will appear on your policy and certificate of currency. Please provide any other information you feel is relevant to this change or relates to any other policies you manage.

Please email completed form to: **tmf**.**clientservices@allianz.com.au**