



# SHARE REGISTRY AMENDMENT FORM

## OFFICE USE ONLY

DATE

BRANCH NUMBER:

BRANCH SIGNATURE

## THIS PAGE MUST BE COMPLETED

DATE OF BIRTH       CO-OP MEMBER NUMBER       STUDENT NUMBER (IF APPLICABLE)

FIRST NAME

LAST NAME

E-MAIL

CO-OP BRANCH WHERE YOU JOINED:

MONTH AND YEAR YOU JOINED

### PREVIOUS NAME (IF APPLICABLE)

FIRST NAME

LAST NAME

### HOME ADDRESS

UNIT NUMBER      STREET NUMBER

STREET NAME

SUBURB           STATE    POST CODE

COUNTRY

HOME PHONE (  )          BUSINESS PHONE (  )

MOBILE PHONE

### SEMESTER ADDRESS (IF STUDENT)

UNIT NUMBER      STREET NUMBER

STREET NAME

SUBURB           STATE    POST CODE

### PREVIOUS ADDRESS (IF APPLICABLE)

UNIT NUMBER      STREET NUMBER

STREET NAME

SUBURB           STATE    POST CODE

COUNTRY

**PLEASE TURN OVER TO COMPLETE FORM**

**PLEASE INDICATE ACTION REQUIRED**

**CHANGE OF NAME OR ADDRESS**

NO FEE

Please alter your membership card as required. A new card will not be issued.  
I have changed my name/address. Please amend your records.

Proof of ID/documents shown for change of name

SIGNATURE \_\_\_\_\_

**REPLACEMENT CARD**

\$3. FEE / NO FEE\*

My Membership Card is lost/stolen. I am applying for a replacement.

SIGNATURE \_\_\_\_\_

Why do you need a Replacement Card? \_\_\_\_\_

\* No fee is applicable if membership card was issued more than five years ago.

**APPLICATION FOR REFUND OF SHARE**

NO FEE

I, (*Print Name*) \_\_\_\_\_

**having been a member for more than two years**, hereby request cancellation of my membership of the University

Co-operative Bookshop Limited and apply for refund of my share number \_\_\_\_\_

valued at \_\_\_\_\_. Branch joined \_\_\_\_\_, year joined \_\_\_\_\_

Current address \_\_\_\_\_

Postcode \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Card returned:  YES  NO

**APPLICATION FOR TRANSFER OF SHARES**

\$20.00 FEE

In the undertaking called the University Co-operative Bookshop Limited, to hold unto the transferee, his executors, administrators, and assigns subject to the several conditions on which I held the same at the time of the execution hereof. and I the transferee, do hereby agree to take the said share subject to the conditions aforesaid. The transfer fee of \$20.00 is enclosed. As witness our hand, the \_\_\_\_\_ day of \_\_\_\_\_

Signed by (*Transferor*) \_\_\_\_\_

in the presence of (*Witness*) \_\_\_\_\_

Signed by (*Transferee*) \_\_\_\_\_

in the presence of (*Witness*) \_\_\_\_\_

Please note: this transfer does not take effect until approved by the Board of the University Co-operative Bookshop Limited.

**Please hand this form in at any branch of The Co-op Bookshop or post to: PO Box 54 Broadway NSW 2007**