



MOTOR VEHICLE CHANGES

Notification to Uniting Resources

Name of Board/Centre Cost Centre:

1) New Vehicle

Date of purchase: Value: \$.....

Year, Make & Model:

Engine Capacity..... Registration No:

Driver/Custodian:

Drivers Address
(as noted on license)

Driver's License No:
(Only complete the last 3 lines where there is a single allocated driver)

2) Change of Driver/Custodian

Vehicle Registration No:

Old Driver/Custodian:

New Driver/Custodian:

New Driver's address:

New Driver's License No:
(Only complete the last 3 lines where there is a single allocated driver)

3) Vehicle – to be Deleted due to Sale or Trade-In

Date of Disposal:

Registration No:

Signed: _____ Date: _____

Please forward details to Fax No: (02) 9267 3538 or Email: insurance@nsw.uca.org.au
attaching copy of Purchase Invoice for our records