NOTICE OF CHANGE OF CONTACT D	DETAILS PLEASE PRINT CLEARLY	
Full Name:		
VIT Registration Number:		
	e complete the following section and return to the Victorian ollins Street West, VIC 8007, or fax to 03 8601 5801.	
New Mailing Address:		
Suburb/ Town:	Postcode:	
Email:	Mobile:	
Home telephone:	Work telephone:	
<u>If your name has changed</u> please complete the following section. <b>Attach a certified photocopy of evidence of name change</b> (e.g. marriage certificate, deed poll, decree nisi) and mail to the Victorian Institute of Teaching at PO Box 531, Collins Street West, VIC 8007.		
New Surname or Family Name:		
Given Name(s):	Title: Mr/ Mrs/ Ms/ Miss	
	card in the new name, please return your current registration card of name change and the completed payment details form on page 2	
NOTICE THAT YOU NO LONGER W Teaching because you do not intend to	VISH TO BE REGISTERED with the Victorian Institute of teach in any school in Victoria.	
Please complete the following section 531, Collins Street West, VIC 8007, or	and return to the Victorian Institute of Teaching at PO Box fax to 03 8601 5801.	
PLEASE PRINT CLEARLY		
Full Manager		
Address:		
	Postcode	
	gistered with the Victorian Institute of Teaching effective	
from://		
I understand that without registration	I cannot work as a teacher in any school in Victoria.	
On receipt of this request, the Institute will cancel the invoice issued to you for the current annual registration fee, and remove your name from the register. If you wish to become registered again, you will need to submit a new application for registration (Form A and B) together with any required documents which you have not previously provided to the Institute.		
Signed:	Date: / /	



## VICTORIAN INSTITUTE OF TEACHING

## Replacement of Registration Card Processing Fee

Conditions for a replacement Registration Card:

To receive a replacement card, you must:

- Complete a Change of Contact Details Form
- Attach the current registration card you would like updated to the form
- Pay the \$22 replacement registration card processing fee

## PLEASE NOTE - ALL SECTIONS OF THE FORM MUST BE COMPLETED

Payment must be received by credit card. We accept Mastercard and Visa. Please fill in the details below.

Personal Details	S	
Surname		Title Mr/ Mrs/ Ms/ Miss (please circle)
First name		Other name
Address (include p	postcode)	
Telephone numbe	er: Home Mobile	Work
Email address		
☐ Visa ☐ Mastercard	Name:	
	Card Number:	
-	Expiry:	
-	Signature:	
_		

Please attach your completed Change of Contact Details Form and attach your current card.

This form and all attachments must be sent to:

Victorian Institute of Teaching PO Box 531

Collins Street West Vic 8007