|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT TO COMPLETE** | | | | | | | | | | |
| **MSIC Holder Information (circle relevant MSIC prefix** | | | | | | | | | | |
| MSIC Number | | MWP/GPA/ | | | | | | Expiry Date | / / | |
| Previous Family Name | | | |  | | | | | | |
| Previous Given Names | | | |  | | | | | | |
| Current Family Name | | | |  | | | | | | |
| Current Given Names | | | |  | | | | | | |
| **Personal Details** | | | | | | | | | | |
| Date of Birth | | | / / | | | | City/Town of Birth | |  | |
| State of Birth | | |  | | | | Country of Birth | |  | |
| **Contact Details** | | | | | | | | | | |
| Mobile | | |  | | | | | Work |  | |
| Email | | |  | | | | | Home |  | |
| **Current Residential Address** | | | | | | | | | | |
| Unit No |  | | | | Street No |  | | Street |  | |
| Suburb |  | | | | State |  | | Postcode |  | |
| Country |  | | | | | | | Date Moved in | | / / |
| **Postal Address (if same as residential, then please leave blank)** | | | | | | | | | | |
| Unit No |  | | | | Street No |  | | Street |  | |
| Suburb |  | | | | | State | |  | Postcode |  |
| Country |  | | | | | | | | | |
| **Employer Details** | | | | | | | | | | |
| Company Name | | |  | | | | | | | |
| Contact Person | | |  | | | | | Employer Phone |  | |
| Unit No | | |  | | Street No |  | | Street |  | |
| Suburb | | |  | | | State | |  | Postcode |  |
| **Supporting Documentation Required** | | | | | | | | | | |

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| --- | --- | --- | --- |
| 1. You are required notify any change of name to your MSIC issuing body within **30 days** of the change. Details of what documents are required are on the reverse side of this form. 2. You are also required to provide a signed **statutory declaration** stating that, since your initial background checks were completed, you have not been convicted of a maritime-security-relevant offence. 3. In addition, you must provide a letter from your employer confirming there is an **operational need** to continue to hold the MSIC. Upon receipt of the relevant documents a replacement card can be ordered. | | | |
| **Please indicate which of the following documents you are providing to support the change of name, tick the relevant box. This must be an original official document; photocopies are not accepted.** | | | |
| Change of Name Certificate | □ | This must be the official Change of Name Certificate or an amended full Birth Certificate | |
| Marriage Certificate | □ | This must be the official Marriage Certificate issued by Births, Deaths & Marriages | |
| Divorce Certificate/Legal Documentation | □ | This must be official documents; photocopies are not accepted | |
| Other | □ |  | |
| **Signature:** | | | **Date:** |

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| **MSIC STAFF TO COMPLETE** |
| **Supporting Documentation Details** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Change of Name Certificate | | | □ | Marriage Certificate | □ | Divorce Certificate | □ |
| Other | □ |  | | | | | |
| Operational Need Letter | | | □ | Statutory Declaration | □ | Photo Taken | □ |

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| **Payment Details – Replacement fee $70.00** | | | | | | | | | | | | | | | |
| Applicant | □ | | | Receipt No. | | |  | | | | | | | | |
| Staff | □ | | |  | | |  | | | | | | | | |
| Company | □ | | |  | | |  | | | | | | | | |
| Purchase Order Number | | | |  | | | | | | | | | | | |
| **Process Details** | | | | | | | | | | | | | | | |
| Date Processed | | / / | | | | Processed By | | | | |  | | | | |
| Update on AusCheck | | | / / | | | Auscheck Reference Number | | | | | |  | | | |
| Secretary (Dept. of Infrastructure) Notified (R.6.080(1)) | | | | | | | | | Date | | | | / / | | |
| ASIO Notified (written confirmation sent, letter on MaCS) | | | | | | | | | Date | | | | / / | | |
| Documents scanned to MaCS | | | | | □ | | | | |  | | | | | |
| **Card Issue and Access Updated** | | | | | | | | | | | | | | | |
| HID Card Number | | |  | | | Details updated on Gallagher | | | | | | | | | □ |
|  | | | | | | | | Date Card Received | | | | | | / / | |
| Date of Collection | | | | | | / / | |
| **Applicant’s Signature** | | | | | | | |  | | | | | | | |