

## CHANGE OF CANDIDATE DETAILS FORM

## **PLEASE NOTE:**

- A change of candidate details form is a change of name or date of birth.
- A change to any candidate details before the session close date is free of charge.
- A change to any candidate details after the session close date incurs a fee of \$38.
- This form must be received by 4pm three working days before the exam date.
- Please refer to the Change of Name Policy in the current Enrollers' Handbook.
- Additional fees apply for candidates seeking the re-issue of previous certificate/reports.

## **HOW TO USE THIS FORM:**

- 1. Complete all required fields.
- 2. Email the form to <a href="mailto:payments.ameb@qed.qld.gov.au">payments.ameb@qed.qld.gov.au</a>.
- 3. AMEB Qld will email a BPoint link for payment of the fee which must be paid as soon as possible.
- 4. Your request will only be processed after a completed Change of Candidate Details Form is received and full payment is made.

**NB:** The change to the candidate's name **will not** be made if payment is **not** received.

| PERSONAL DETAILS                  |                 |  |  |
|-----------------------------------|-----------------|--|--|
| Enroller No:                      | Enroller Name:  |  |  |
| Candidate No:                     | Candidate Name: |  |  |
| Enrolled session (if applicable): |                 |  |  |
|                                   |                 |  |  |

| ENROLMENT NAME CHANGE |         |           |  |  |  |
|-----------------------|---------|-----------|--|--|--|
| REQUESTED CHANGE:     | Current | Change to |  |  |  |
| Candidate Legal Name  |         |           |  |  |  |
| Preferred Name        |         |           |  |  |  |
| Candidate DOB         |         |           |  |  |  |

| PAYEE DETAILS (must be completed) |            |  |  |  |
|-----------------------------------|------------|--|--|--|
| Name of card holder:              | Phone No.: |  |  |  |
| Email Address:                    | Date:      |  |  |  |

| OFFICE USE ONLY                     |            |                        |              |  |  |  |
|-------------------------------------|------------|------------------------|--------------|--|--|--|
| Sale ID:                            | BPoint No: | Amount:                | BPoint Date: |  |  |  |
| Receipt No:                         |            | Date Payment received: |              |  |  |  |
| Customer Service Officer Signature: |            |                        |              |  |  |  |

Ts & Cs apply. For the full policy please refer to the AMEB Qld Enrollers' Handbook

