

## 2023 IIE REGISTRATION CONTRACT AMENDMENT FORM

Student Number:	I/We,,ID/PASSPORT NUMBER
Date Request Submitted:	(Fee Payer) and
Student's First Name & Surname:	(Student), (the undersigned) require and
	thus hereby request and authorise the changes appearing
Qualification:	below to be made to the Registration Contract. The amendment
Core Discipline (If applicable)	supersedes any and all previous changes requested or made to
Student Contact Number(s):	this section of the contract.
Please confirm if you are both the student and the Fee Payer Yes  Do you wish to update your address? Yes  No  Which address would you like to update: Current Address  Office Address  New Address  Home/postal address  Suburb  Postal code  City	Address for Correspondence Permanent Address  Fee Payer Address
Do you wish to update your core discipline? (If relevant to your (	Qualification) Yes No
Current Core Discipline	New Core Discipline
Current Core Discipline	New Core discipline
Do you wish to add modules? Yes No	Do you wish to defer/de-register Yes No no modules?
Indicate Module Code/s	Indicate Module Code/s

Current Payment Selection	New Pa	ayment Terms Request
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o you wish to change your Fee Pay	ver details? Yes No	
o you wish to change your ree ray	ver details: Tes	
		In 5 2 2 3
	Current Fee Payer Details	New Fee Payer Details
Name		
Address		
Address		
Postal code		
City		
Contact detail/s		
•	Current Debit Order	No New Debit Order
Debit Order Details	Current Debit Order	
Debit Order Details Debit Order Date (1,15, 25) Account Type (Cheque,	Current Debit Order	
Debit Order Details  Debit Order Date (1,15, 25)  Account Type (Cheque, Savings, Transmission)	Current Debit Order	
Debit Order Details  Debit Order Date (1,15, 25)  Account Type (Cheque, Savings, Transmission)  Bank Name	Current Debit Order	
Debit Order Details  Debit Order Date (1,15, 25)  Account Type (Cheque, Savings, Transmission)  Bank Name  Branch Code	Current Debit Order	
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Assist.