



## FIRM CONTACT & ADDRESS CHANGE FORM



### Firm Information

Firm Name \_\_\_\_\_ Firm # \_\_\_\_\_

New Contact

New Contact Name (please print) \_\_\_\_\_

New Contact Signature \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Contact

Contact Name (please print) \_\_\_\_\_

Contact Signature \_\_\_\_\_

Email Address \_\_\_\_\_

New Address

Address \_\_\_\_\_

\_\_\_\_\_

City

Province

Postal Code



### Authorization

Authorized Official Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

(Please print your name and Title)

YYYY/MM/DD

**Please fax this form to our office at (204) 774-6698 or 1-800-457-8410 or mail to:  
Chambers of Commerce Group Insurance Plan  
1051 King Edward Street  
Winnipeg MB R3H 0R4**