



Cadastral Surveyors Licensing Board  
of New Zealand

## Change of address form

---

Kindly complete the form with your updated details.

Full Name : \_\_\_\_\_

Date of Birth : to positively identify you

Preferred email: \_\_\_\_\_

Preferred mobile no. \_\_\_\_\_

Preferred landline \_\_\_\_\_

Preferred postal address:

Attention (optional): \_\_\_\_\_ *i.e company name*

Street : \_\_\_\_\_

Town: \_\_\_\_\_

City : \_\_\_\_\_

Post code : \_\_\_\_\_

Kindly complete and email to [admin@cslb.org.nz](mailto:admin@cslb.org.nz)

Or post to CSLB P.O. box 12241 Wellington 6144