



**CHANGE OF ADDRESS FORM**

**DOW CORNING / BRITISH COLUMBIA AND OTHER PROVINCES  
BREAST IMPLANT LITIGATION SETTLEMENT**

<b>IDENTIFICATION OF CLAIMANT/SETTLEMENT CLASS MEMBER</b>						
<b>BC Registration Number:</b>		<b>Deloitte File Number:</b>		<b>Date of Birth</b>		
				<b>Day</b>	<b>Month</b>	<b>Year</b>
<b>Name of Claimant:</b>	<b>Surname:</b>		<b>First Name:</b>			
<b>CHANGE OF ADDRESS</b>						
<b>Old Address:</b>	Street or PO Box:					
	City:			Province/State Territory:		
<b>New Address</b>	Street or PO Box:					
	City:		Province/State/Territory:		Postal Code:	
	Telephone Number			Email address:		
	Area Code:	Number:				

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name of signatory

All Change of Address Forms should be faxed to the Claims Facility at 1-866-732-9160.  
If you are an on-line claims administration system user, you can change your contact details at any time by selecting "Edit my Contact Information" within the secure section of the website.