

BOMBARDIER

PERSONAL INFORMATION CHANGE FORM

COMPLETE THIS SECTION IF YOU ARE CHANGING YOUR NAME

EMPLOYEE ID/CLOCK #:	MR: <input type="checkbox"/> MRS: <input type="checkbox"/> MISS: <input type="checkbox"/> MS: <input type="checkbox"/>
CURRENT LAST NAME:	FIRST NAME:
NEW LAST NAME:	FIRST NAME

(Please attach a copy of your marriage certificate to this form if you are changing your name)

(Please attach a copy of your birth certificate or social insurance number if you are returning to your maiden name)

COMPLETE THIS SECTION IN ORDER TO CHANGE YOUR ADDRESS

EMPLOYEE ID/CLOCK #:	MR: <input type="checkbox"/> MRS: <input type="checkbox"/> MISS: <input type="checkbox"/> MS: <input type="checkbox"/>
CURRENT LAST NAME:	FIRST NAME:

NEW ADDRESS:

NUMBER AND STREET NAME:	APT #:
CITY:	PROVINCE:
POSTAL CODE:	NEW PHONE NUMBER:

COMPLETE THIS SECTION TO ADD OR CHANGE YOUR EMERGENCY CONTACT

EMERGENCY CONTACT	
NAME:	RELATIONSHIP TO EMPLOYEE
NUMBER AND STREET NAME:	
PHONE NUMBER:	ALTERNATE PHONE NUMBER:

SIGNATURE: _____

DATE: _____