

Change of Professional Address Form

You are responsible for informing Arete® HR Inc. of any change of name, address or other status.

CONTACT INFORMATION:

First Name: _____ Last Name: _____
 Primary Phone: _____ Website: _____
 Email: _____

Address #1 Company Name: _____

Billing Address Office 1 Office 2 Home Office
 Street: _____ City/Town: _____
 Province: _____ Postal Code: _____

Address #2 Company Name: _____

Billing Address Office 1 Office 2 Home Office
 Street: _____ City/Town: _____
 Province: _____ Postal Code: _____

Address #3 Company Name: _____

Billing Address Office 1 Office 2 Home Office
 Street: _____ City/Town: _____
 Province: _____ Postal Code: _____

Office Features:	Office 1	Office 2	Home Office
Soundproof	N/A	N/A	Yes <input type="radio"/> No <input type="radio"/>
Business Licence	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Wheelchair Access	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Free Parking	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Private Entrance	N/A	N/A	Yes <input type="radio"/> No <input type="radio"/>
Pets	N/A	N/A	Yes <input type="radio"/> No <input type="radio"/>

Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (before 12 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12-5 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (after 5 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have multiple office locations, please specify which days of the week you are at each location:

Today's date: _____

PLEASE SEND A NEW VOID CHEQUE IF YOUR BANKING INFORMATION HAS CHANGED.

Please email completed form to network@aretehr.com or fax to 403-252-6161.