Flexsave – Address Changes



Please complete the following information to change the address for the company or an individual employee.

Change Company Address		
Legal Company Name (please indica	te DBA or Op Co	. Names):
Address:		
City	Province	Postal Code
Key Contact / Administrator Name:		
Phone Number	Fax Number	Email Address
Effective Date of Change:	/IM / YYYY	
	Change E	mployee Address
Company Name:		
Employee Name:		
Address:		
City:	Province:	Postal Code:
Phone Number	Fax Number	Email Address
Date of Birth (requested for identification	ation purposes)	Effective Date of Change:
DD / MMM / YYYY		DD / MMM / YYYY