



APPLICATION FOR REGISTRATION OF A BUSINESS NAME

BN

Date Received

Instructions

Please make sure you complete and sign all relevant sections or you will delay consideration of your application. It is an offence to make false statements in a business name application.

Send this form to GPO Box 3111 Brisbane Qld 4001 or your local Office of Fair Trading (by mail or in person) or fax it with your credit card details to (07) 3246 1532. Check the White Pages, call 13 13 04 or see www.fairtrading.qld.gov.au for local office details.

Warning

Proof of ID – Individuals applying for a new business name must provide proof of identification with the application. Refer to part 10 on page 4 of this application.

Before you choose a business name:

Make sure it does not infringe upon the rights of trade marks, and other business and company name holders by having an identical or similar name. Before you lodge your application, conduct:

- a search of Australia-wide company and business names by accessing the National Names Index (visit www.asic.gov.au); and
a trade mark search of the Trade Mark Database through IP Australia (for more information phone 1300 651 010 or visit www.ipaustralia.gov.au.)

Availability searches cannot be done by telephone.

Are you a dot.com?

If your proposed business name contains elements of a domain name, for example, ".com.au or .com", your application must be accompanied by written evidence that you hold the licence for the corresponding domain name issued by a domain name registrar.

Privacy Statement

The Department is collecting information, including personal information, on this form as required by the Business Names Act 1962. The Department usually passes some of this information on to other State or Commonwealth agencies when requested. In accordance with the Act, the Business Names Register, which comprises computer-searchable electronic data and paper documents lodged, is available for inspection by the public for a fee. Any credit card payment details will be separated from the form and securely stored.

REGISTRATION FEE:

\$110.30 for 1 year

\$212.50 for 3 years

No GST Payable

Fees may be altered at any time by regulation.

PAYMENT: Make cheques or money orders payable to Office of Fair Trading. A receipt will not be issued unless specifically requested.

OFFICE USE ONLY

L.U. No

The business name was registered on

for one year / three years

Delegate of the Registrar of Business Names

Lodging party name and address:

Name.....

Address

Suburb State [][] Postcode [][][]

Phone () Fax ()

1. Business name

Nominate the business name you wish to register.

You may nominate three alternative names in order of preference. It is not compulsory to nominate alternative names.

If your first choice is not available we will process the next available one without contacting you.

(i)

(ii)

(iii)

(iv)

2. Period of registration

(please tick your choice)

[] 1 Year

[] 3 Years

You can register for either 1 or 3 years. Once you choose you cannot change the registration term during that period and no refunds will be given (ie. if you choose 3 years and close the business after 1 year you cannot get a refund of the unused 2 year period).

<p>3. Date of commencement of business under the name being applied for</p>	<p>The business started or will start on: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Please Note: Business name applications cannot be lodged more than two months prior to the date the business commences.</p>
<p>4. Nature of business</p> <p>Insert a concise description of the nature of business carried on or proposed to be carried on under the name applied for.</p>	<p>This section MUST be completed. Describe accurately the types of products or services you will offer, ie. retailing computers, engineering consultancy etc.</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>5. Address of principal place of business in QLD</p> <p>Insert shop no. / office, floor, building name, street number and name, suburb, town or city (not a PO Box) and email address. NOTE: This must be a Queensland address.</p>	<p>Address</p> <p>..... Suburb</p> <p>State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Email.....</p> <p>Contact person Phone ()</p>
<p>6. Postal address of business</p> <p>Insert PO Box or shop no. / office, floor, building name, street and town. If same as 5 write "as above".</p>	<p>Address</p> <p>Suburb State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>7. Other address(es) for this business in QLD</p> <p>Insert shop no. / office, floor, building name, street number and name, suburb, town or city (Not a PO Box). If more than 2 other places of business, attach a sheet giving the details for other addresses.</p>	<p>Address</p> <p>Suburb State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Address</p> <p>Suburb State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>8. Proprietors (owners)</p> <p>8A. Proprietors - Individuals carrying on business</p> <p>Insert full name, residential address (not a PO Box), date & place of birth & signature. If there are more than 3 individuals, please attach a sheet giving the same type of details for all others involved.</p>	<p>The details and signature of all individuals who will be carrying on business under the name applied for must be shown in section 8A.</p> <p>If you are carrying on a business as a trustee of a trust you should insert full details of the trust after the trustee proprietor's name.</p> <p>In signing this, I hereby declare that the information is true and correct in every detail.</p> <p>(i) Family Name</p> <p>Given Names.....</p> <p>Residential Address (Not PO Box)</p> <p>Suburb State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place of Birth (Town & State or overseas country)</p> <p>Signature Date signed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

8A. (Continued)

Individuals must provide proof of ID with this form (see section 10).

Each person must sign where indicated.

The details and signature of all individuals who will be carrying on business under the business name applied for must be shown in this section.

If only a corporation/company will be carrying on business under the name applied for, do not show the names of the directors in this section unless they are carrying on business in partnership with the corporation/company.

(ii) Family Name

Given Names.....

Residential Address (Not PO Box)

Suburb State [][] Postcode [][][]

Date of Birth [][]/[][]/[][][][] Place of Birth (Town & State or overseas country)

Signature Date signed [][]/[][]/[][][][]

(iii) Family Name

Given Names.....

Residential Address (Not PO Box)

Suburb State [][] Postcode [][][]

Date of Birth [][]/[][]/[][][][] Place of Birth (Town & State or overseas country)

Signature Date signed [][]/[][]/[][][][]

8B. Corporations/ Companies carrying on business

Insert the full corporation/ company name, details of the registered office address, the ACN/ARBN & relevant signature.

The corporation must be registered in Australia.

If the applicant is not a company, please advise the title of the Act under which the corporation is incorporated.

The full name of the signatory and position held in the corporation/company must be stated.

In signing this, I hereby declare that the information is true and correct in every detail.

(i) Corporation /Company Name

ACN/ARBN (not ABN) [][][][][][][][][]

Address of Reg'd Office

Suburb State [][] Postcode [][][]

Full Name of Signatory

Position of Signatory in Corporation/Company:

[] Director [] Company Secretary

Specify equivalent position if not a Company.....

Signature Date signed [][]/[][]/[][][][]

(Continued)

Further instructions and advice

If you need help or aren't sure of something when completing this form call 13 13 04 rather than submitting an incomplete or incorrect form.

- Once registered, it is your responsibility to ensure the registration is renewed with the Office of Fair Trading. If your address changes please advise Fair Trading within one month. If you need to make other changes contact Fair Trading for advice.
• Once your business name is registered you cannot change it without lodging another application form and fee.
• Once registered, you will automatically receive TradeSmart Update – the Office of Fair Trading's monthly email newsletter for business. You may unsubscribe at any time.
• Applications lodged with the Magistrates Courts or Queensland Government Agents' Offices will be forwarded by mail to the Brisbane Office of Fair Trading. Applications are not entered on the Business Names computer system for processing until received by that Office.

8B. (Continued)

For a company, the signatory must be a director or secretary, or in the case of a foreign company, may be signed by the agent. The equivalent position in corporations (other than companies) must be specified as indicated.

If there are more than 2 corporations/companies please attach a sheet giving details for all others involved.

(ii) Corporation/Company Name.....

ACN/ARBN (not ABN)

Address of Reg'd Office

Suburb State Postcode

Full Name of Signatory

Position of Signatory in Corporation / Company:

Director Company Secretary

Specify equivalent position if not a Company.....

Signature Date signed / /

9. Cancellation of current business name

Complete this section only if you are applying for a new business name to replace an existing registered name. Cancellation will not take effect until the new name is registered.

TAKE NOTICE that the applicant or applicants in relation to whom this application is being made formerly carried on business under the business name of

..... Registration number **BN**.....

which is abandoned;

AND TAKE FURTHER NOTICE that an application is being hereby made in this application for the cancellation of that business name.

10. Proof of ID

Certified copies (by a Commissioner of Declarations, Justice of the Peace or a lawyer) are acceptable for all of proof ID documents. Original documents should not be submitted through the mail. If the applicant attends in person Fair Trading may take a copy of an original. However, if there are multiple applicants and only one applicant attends in person, the applicant must have certified copies of other applicants' proof of identification.

If you're an individual you must provide proof of identification with this application. ID must be in the form of **one** of the following:

- a current Passport; or
- an Australian citizen certificate; or
- a current Australian or New Zealand driver's licence; or
- a current Australian tertiary student identity card (including photo and signature); or
- a current Commonwealth or State public service identity card; or
- a current Australian pension concession card; or
- a current card 18+; or
- a birth certificate or extract from a birth entry.

Note: It is an offence to supply false or misleading information. Registration can be cancelled if proof of applicant's identity is not provided.

Business name Certificate

Your business name is NOT approved until you are issued with a certificate of registration.

You should not arrange stationery, signs etc. until then.

I will call at the Office of Fair Trading for my business name certificate

Please post the certificate to the address ticked in the box below:

Principal place of business Address of person lodging the application

Postal address Other (specify)

Payment Details:

Credit Card Payment

Charge my Credit Card No.

Cardholder's Name:

Amount Authorised:

Cardholder's Signature

Payment Type: Cheque Money Order Credit Card

Bankcard Mastercard VISA AMEX

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\$..... Expiry Date:/

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