



BUSINESS AFFAIRS

Statement of Change in Certain Particulars

PRIVACY STATEMENT

Consumer & Business Affairs is collecting this information to administer consumer and business protection related services within the Northern Territory. This collection is authorised and in some cases required by Acts of the Northern Territory Parliament. Consumer and Business Affairs may give some or all of this information to the Department of Corporate & Information Services for the purpose of accounts administration and finalisation, the Commissioner, Agents Licensing Board and parties involved in disputes, complaints and disciplinary action. Courts, the general public in relation to public registers and other parties as authorised by the provisions of the *Information Act 2002*. Failure on your part to provide the information in full or in part may result in Consumer & Business Affairs being unable to progress matters or deliver services to you in the manner requested.

The personal information you provide can be accessed and corrected if necessary by you or your nominated representative by written request to: The Information Officer, Consumer & Business Affairs, GPO Box 1722, DARWIN NT 0801.

LODGEMENT BY HAND Territory Business Centres				LODGEMENT BY MAIL Business Affairs
<p><u>Darwin</u> Development House 76 The Esplanade Darwin NT 0800</p> <p>Ph: 08 8982 1700 Fax: 08 8982 1725</p>	<p><u>Katherine</u> 1 Randazzo Building 18 Katherine Terrace Katherine NT 0850</p> <p>Ph: 08 8973 8180 Fax: 08 8973 8188</p>	<p><u>Tennant Creek</u> Shop 2, Barkly House Cnr Paterson & Davidson St Tennant Creek NT 0860</p> <p>Ph: 08 8962 4411 Fax: 08 8962 4413</p>	<p><u>Alice Springs</u> Peter Sitzler Building 67 North Stuart Highway Alice Springs NT 0870</p> <p>Ph: 08 8951 8524 Fax: 08 8951 8533</p>	<p><u>Darwin</u> GPO Box 1722 Darwin NT 0801</p> <p>Ph: 08 8982 1700 Fax: 08 8982 1725</p>

Document Lodged By:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

CALCULATION OF FEES:

(a) Lodged within 14 days of date of change	\$10.00
(b) Lodged over 14 days but within 6 weeks	\$20.00
(c) Lodged over 6 weeks from date of change	\$35.00

MAKE CHEQUES PAYABLE TO R.T.M.
(Receiver of Territory Monies)

PLEASE USE BLOCK LETTERS FOR ALL ITEMS

BUSINESS NAME: _____

REGISTRATION NUMBER: _____

1. **PRINCIPAL PLACE OF BUSINESS HAS CHANGED TO:** (NOTE: A Post Office Box is not applicable)
(MUST include lot or street number. If the principal place of business is your home address, please complete No.5)

.....

..... POST CODE.....DATE OF CHANGE/...../.....

2. **CHANGES TO OTHER PLACES OF BUSINESS** (Include lot or street number)

(a) ADDITIONS

..... POST CODE DATE OF CHANGE/...../.....

..... POST CODE DATE OF CHANGE/...../.....

(b) DELETIONS

..... POST CODE DATE OF CHANGE/...../.....

..... POST CODE DATE OF CHANGE/...../.....

3. **POSTAL ADDRESS:**

..... POST CODE DATE OF CHANGE/...../.....

4. NATURE OF BUSINESS HAS CHANGED TO:

..... DATE OF CHANGE/...../.....

5. CHANGE TO PROPRIETOR'S RESIDENTIAL ADDRESS/REGISTERED OFFICE OF CORPORATION:

Name of Individual/Corporation new residential address (if your home address is the principal place of business, please complete No. 1)

..... POST CODE DATE OF CHANGE/...../.....

..... POST CODE DATE OF CHANGE/...../.....

6. PROPRIETOR'S NAME: (Please supply proof of change of name)

FORMER NAME CURRENT NAME

..... DATE OF CHANGE/...../.....

7. SIGNATURE: Changes on this page require the signature of one (1) proprietor. If the changes refer to a Corporation, this form can only be signed by the Director, or Secretary of that Corporation. Persons signing for a Corporation must indicate their status within the Corporation.

Signature: Date:/...../.....

Print Name and Position (BLOCK LETTERS)

CHANGES TO PROPRIETORS: (Must be residential address not a PO Box)

(A) PERSONS WHO HAVE COMMENCED - DETAILS OF INDIVIDUAL/CORPORATION (ACN Required): (PROPRIETORS COMING INTO THE BUSINESS) ANY PERSON UNDER 18 YEARS MUST BE DESCRIBED AS A MINOR.

1. FULL NAME DATE COMMENCED/...../..... FULL ADDRESS

POST CODE..... DATE OF BIRTH/...../..... TOWN, STATE & COUNTRY OF BIRTH

2. FULL NAME DATE COMMENCED/...../..... FULL ADDRESS

POST CODE..... DATE OF BIRTH/...../..... TOWN, STATE & COUNTRY OF BIRTH

3. FULL NAME DATE COMMENCED/...../..... FULL ADDRESS POST CODE DATE OF BIRTH/...../..... TOWN, STATE & COUNTRY OF BIRTH

(B) PERSONS WHO HAVE CEASED: (Proprietor leaving the business)

SURNAME (OR CORPORATION NAME)

GIVEN NAMES

DATE CEASED/...../.....

DATE CEASED/...../.....

DATE CEASED/...../.....

(C) PERSONS CONTINUING TO CARRY ON BUSINESS: List here proprietors who are continuing in the business

NAME

RESIDENTIAL ADDRESS

(i)

(ii)

(iii)

SIGNATURE OF RESIDENT AGENT: Persons (if any) appointed to be resident agent must complete this section (Resident Agent only required if proprietors do not reside in the NT).

FULL NAME OF PERSON :

OR COMPANY AND A.C.N.: DATE COMMENCED :/...../.....

FULL ADDRESS: DATE OF BIRTH/...../.....

TOWN, STATE & COUNTRY OF BIRTH

Signed by the person who has consented.....
in writing to be the resident agent (USUAL SIGNATURE OF RESIDENT AGENT)

SIGNATURES: PLEASE READ: THIS STATEMENT MUST BE SIGNED BY EACH CEASING, CONTINUING AND INCOMING PROPRIETOR OR BY SOME PERSON AUTHORISED IN WRITING ON THEIR BEHALF, IN THE CASE OF A DECEASED PERSON, IT MUST BE SIGNED BY THEIR PERSONAL REPRESENTATIVE AND IN THE CASE OF A CORPORATION BY A DIRECTOR, OR SECRETARY OF THE CORPORATION, IN THE CASE OF A FOREIGN COMPANY, IT MAY BE SIGNED BY THE LOCAL AGENT IN AUSTRALIA.

.....
Print Name and (If applicable) Corporation Details

Signature...../...../.....

.....
Print Name and (If applicable) Corporation Details

Signature...../...../.....

.....
Print Name and (If applicable) Corporation Details

Signature...../...../.....

* Please note that there may be a liability to pay Northern Territory stamp duty upon a change in the proprietors of a business. For further information consult the brochure titled "Stamp Duty – Acquisition of Business Property & Rights" or call the Commissioner of Taxes Office on 1300 305 353 or visit www.nt.gov.au/ntt/revenue.