



0104

Change of Business Details

Business Names Act 1962 Section 12 (1), (2), (4)

Office use only (date lodged)

Initials

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NOTE

- You cannot use this form to change your business name (refer to the back page for more information).
- There is no fee to lodge this form unless you require a new business name certificate to be issued.
- Use a blue or black pen to complete this form. Please print clearly using block letters.

Section 1 – Business details

Business registration number Registered business name

Section 2 – Change details

What type of change(s) are you notifying us of?

- Change of address (including internet) – Complete **Section 3**
- Change of business owner(s) (persons carrying on business under this business name) – Complete **Section 4**
- Change of a personal name (by marriage, deed poll etc) or a corporation is changing their name – Complete **Section 5**
- Change in nature of business – Complete **Section 6**
- Notification of ABN – Complete **Section 7**
- Change of authorised person to sign on behalf of owners – Complete **Section 8**

Section 3 – Change of address and contact details

New registered address

Dates must be completed

The registered address must be a Victorian street address. PO Boxes cannot be accepted.

Date changed

State VIC Postcode / /

New postal address Same as new registered address

Or new address. This can be a PO box, RMB etc

Date changed

State Postcode / /

Business address(es) Same as new registered address

Or new business address(es)

Business addresses must be Victorian street addresses. PO Boxes cannot be accepted.

Date opened

State VIC Postcode / /

State VIC Postcode / /

Closing business address(es)

Business addresses must be Victorian street addresses. PO Boxes cannot be accepted.

Date closed

State VIC Postcode / /

State VIC Postcode / /

Change of corporate owner's registered address Same as new registered address

Or new address. This must be a street address. PO Boxes cannot be accepted.

Date changed

State Postcode / /

Change of individual owner's residential address Same as new registered address

Or new residential address

Date changed

State Postcode / /

Name of owner(s)

Change of internet address (if transacting business over the internet)

New internet address

Internet address ceasing (if applicable)

Date changed

/ /

Remember to turn over and sign this form

Section 4 – Change of business owners (persons carrying on business under this business name)

Former owners (list the owners that are leaving)

Full name(s) of person(s) or corporation(s)

Date ceased

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List the new owners

Individuals	Individual owner 1	Individual owner 2	Individual owner 3
Family name (surname)			
Full given names			
Residential address			
	Postcode	Postcode	Postcode
Date of birth			
Is this owner under 18 years of age?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date started as owner			

Corporations	Corporation owner 1			Corporation owner 2		
Name of corporation						
Company ACN, ABN, Assoc.No. (if applic)	ACN	ABN	Assoc. No.	ACN	ABN	Assoc. No.
Registered address (P.O. boxes cannot be accepted)						
	Postcode			Postcode		
Date started as owner						

Section 5 – Change of owner's personal or corporation name

New name of individual or corporation

Former name of individual or corporation

Date changed

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Section 6 – Change in nature of business

New nature of business – Be specific about the industry sector and type of product or service if possible (eg dairy farming, manufacturing furniture, wholesaling liquor, retailing children's clothes, road freight transport, internet service provider)

Date changed

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Section 7 – Notification of ABN

ABN for business operating under business name

Section 8 – Change in person authorised to sign on behalf of owners

Name of outgoing authorised person (if applicable)

Date of effect

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Surname of new authorised person

Address of new authorised person

	Postcode

Section 9 – Signature of currently registered owner or authorised person

I certify that:

- I am a person entitled to sign this form in accordance with section 15 of the Business Names Act 1962 (refer to back page);
- the information given in this form is true and correct and I acknowledge that it is an offence under section 17 of the Business Names Act 1962 for a person to give false or misleading information in relation to changes to a registered business name;
- if notifying of a new authorised person – all business owners have authorised the person in writing to sign on their behalf and the person has been made aware of, and has accepted, this authorisation.

Signature

X


Date

/ /

Printed name

Daytime telephone no.

Email address

 Please attach any cheques or extra pages by paperclip. Do not staple.

Do you want a new certificate because of these changes?

(If yes, you will need to attach a fee payment of \$15.70)

No Yes – Make sure you include the \$15.70 fee or we cannot issue a new certificate

How to pay the \$15.70 fee if you are requesting a new certificate because of these changes

There is no GST payable on this fee.

You can make your payment by cheque or money order made payable to 'Consumer Affairs Victoria' or by completing your credit card details below. If paying in person, you can also pay by cash. Do not send cash through the mail.

Credit card details

Visa Mastercard Bankcard Amex Diners Club Amount

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of cardholder

Card expiry date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of cardholder

Date

<input type="text" value="X"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CCV number* (see note below)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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* Credit card cards are now issued with a CCV number. This is the last three numbers located on the signature strip on the back of the card. If your credit card has been allocated this number enter the 3 numbers in the space provided.

How to lodge this form

Make sure you have signed at the bottom of page 2.

Send by post to:

Consumer Affairs Victoria
GPO Box 4567, Melbourne 3001
(please use a large envelope and fold this form as little as possible)

Deliver in person to:

Consumer Affairs Victoria
2nd floor, 452 Flinders Street, Melbourne
Counter area is open 8.30am–4.30pm Monday to Friday

If no payment is required or paying by credit card

Fax to: (03) 9627 6210

Who can sign this form (section 15 of the Act)

In accordance with section 15 of the Business Names Act 1962, this form can be signed by:

- the currently registered business owner;
- where there is more than one business owner, any one of those currently registered owners who has written authorisation to sign on behalf of all owners; or
- a person other than a business owner who has written authorisation to sign on behalf of all currently registered owners; or
- in the case of an owner that it is a corporation, a director or secretary of the corporation who is authorised to sign on behalf of the currently registered corporation.

You cannot use this form to change your business name

If you wish to carry on business under a different business name you need to complete both a: *Ceasing Business under a Business Name* form and a *Business Name Application* form to register your new name.

Copies of these forms can be printed from www.consumer.vic.gov.au or are available from Consumer Affairs Victoria by phoning 1300 361 673.

Privacy – CAV is committed to responsible and fair handling of your personal information, consistent with the laws we administer and the *Information Privacy Act 2000*. The information marked with a '(P)' on this form will be placed on the public register in accordance with the *Business Names Act 1962*. We may be unable to process this form if you do not provide the required information. You can contact us at any time to request access to the personal information we hold about you. In exceptional circumstances, you may apply to have public access to your personal information restricted. Our privacy statement, and other privacy information is available at www.consumer.vic.gov.au or on request.