

## Form 6

**Please read this information before completing the form  
The form should be completed in black ink and BLOCK LETTERS.**

### Changing Proprietors

Each proprietor (new ceasing or continuing) must sign this document where applicable.

If a new proprietor is an individual show full name, date and place of birth (specify City, Town etc.), residential address and address for service of notices.

If a new proprietor is a Corporation, show its full name, ACN, Registered Office address and address for service of notices. A Director or Secretary of the Corporation must also sign the application.

**Failure to supply this information will result in the form being returned for completion.**

Changes to any other details cannot be notified by using this form. To change any other details of the business name, an Application to Change Particulars of a Business Name (Form 4) must be completed.

### Eligibility to be a Proprietor of a Business Name

- All applicants must be 16 years of age or older.
- Section 7 of the *Business Names Act 2002* requires that a business name is not to be registered in the name of a person who is not carrying on business or does not intend to carry on business in the immediate future in NSW.
- Section 8 of the *Business Names Act 2002* requires the leave of the District Court to be obtained in circumstances where an applicant has been convicted of an offence in the last 5 years in connection with the promotion, formation or management of a corporation, or an offence involving fraud or dishonesty punishable with imprisonment of three months or more, or an offence involving Corporations Law, Companies Code, Securities Industry Code etc.

### Power of Attorney

If the form is signed by a person holding a power of attorney for a proprietor of the business name, the document will be accepted, provided the original Power of Attorney is sighted or details of the appropriate registration of the Power of Attorney are provided (i.e. Book No. and date of execution).

### Preferred Address for Service of Notices

The *Business Names Act 2002* requires each proprietor of the business to give their address for service of notices by Fair Trading.

Where a business name is registered to more than one person, Fair Trading is only required to send mail to one of those persons.

Where the ceased proprietor was the person receiving mail on behalf of the business you will need to nominate another proprietor.

### What if Fair Trading refuses my application

If you are dissatisfied with the decision made on your application, in the first instance, you may apply in writing to Fair Trading to have the decision reviewed.

If you are dissatisfied with the outcome of the review you may then lodge an appeal against the decision with the Administrative Decisions Tribunal.

### Certificate of Registration

Upon processing the completed document, Fair Trading will issue an updated Certificate of Registration.

### Contacting the Office of Fair Trading

**Telephone:** For all enquiries regarding business names please telephone 13 32 20.

**In Person:** You can enquire about business names and make application at any Fair Trading Centre.

For the address of your nearest Fair Trading Centre please telephone 13 32 20

**By Mail:** You can mail your application to the Office of Fair Trading PO Box 972, Parramatta NSW 2124

**Website:** You can visit the Fair Trading website at [www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au)

### Language Assistance

**Telephone:** 13 14 50

Ask for an interpreter in your language

**TTY:** 02 9338 4943

Telephone service for the hearing impaired.

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**Application to Change  
Proprietors of a Business Name**  
under the Business Names Act 2002.**Form 6**

Please read the information provided before completing this form  
This form should be completed in black ink and BLOCK LETTERS.

**No Fee Payable****1. Contact details of the person  
lodging this application**

Name:	JOHN CITIZEN		
Address:	1 SMITH STREET		
	SMITHSVILLE NSW	Postcode:	1000
Daytime phone number:	9111 1110		

**2. Registration Details** Business Name:

	SAMPLE FORMS		
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Registration Number:

BN123456789	ABN:	11 222 333 444
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**3. Details of NEW Proprietor***If more than 1 New proprietor commencing please photocopy this page  
and complete.***Full name of Individual or  
Corporation (include ACN)**

Name:	JOHN ELIZABETH CITIZEN		
ACN:			

**Residential address of Individual or  
Registered Office of Corporation**  
(Post office boxes are NOT acceptable)

Address:	1 SMITH STREET		
	SMITHSVILLE NSW	Postcode:	1000

**Place of Birth**  
(Town and State or country if overseas)

SMITHSVILLE NSW
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**Date of Birth**

1 / 1 / 1960
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**Address for Service of Notices**  
(Post office boxes are acceptable)

Address:	PO BOX 100		
	SMITHSVILLE NSW	Postcode:	1000

I certify that the information provided on this application is correct. I have read and understand the Statement under the *Privacy and Personal Information Protection Act 1998* below. I have not been convicted of an offence prescribed under Section 8 of the *Business Names Act 2002*.

**Signature of new proprietor**

J E Citizen
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**Full Name of person if signing on behalf of corporation**

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**Position Held***(Must be a Director or Secretary if signing on behalf of a corporation)***Date**

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**REVERSE SIDE MUST BE COMPLETED****OFFICE USE ONLY**

Lodged at:

Processed by:

Registration No:



4. The following Proprietor *If more than 1 proprietor ceasing please photocopy this page and complete.*  
has CEASED to carry on  
business under the  
Business Name:

**DO NOT USE THIS PAGE  
SAMPLE FORM ONLY**

Full Name of Individual or Corporation

*F & F CITIZEN PTY LTD*

Full Name of Person if signing on behalf of Corporation

*F RANCIS CITIZEN*

Position Held

*(Must be a Director or Secretary if signing on behalf of a corporation)*

*DIRECTOR*

Signature of ceasing proprietor

*F Citizen*

Date

*3 Aug 2005*

5. Nominated proprietor for Service of  
Notices Address for the Business

Name:

6. Signature(s) of  
CONTINUING Proprietor/s

*If more than four continuing proprietors, please photocopy this page  
and complete.*

1

Signature

Date

*JS Citizen*

*3/8/05*

Full Name of individual or corporation

*John Samuel CITIZEN*

Full Name of person if signing on behalf of corporation

Position Held

*(Must be a Director or Secretary if signing on behalf of a corporation)*

2

Signature

Date

Full Name of individual or corporation

Full Name of person if signing on behalf of corporation

Position Held

*(Must be a Director or Secretary if signing on behalf of a corporation)*

3

Signature

Date

Full Name of individual or corporation

Full Name of person if signing on behalf of corporation

Position Held

*(Must be a Director or Secretary if signing on behalf of a corporation)*

4

Signature

Date

Full Name of individual or corporation

Full Name of person if signing on behalf of corporation

Position Held

*(Must be a Director or Secretary if signing on behalf of a corporation)*

**Statement under the Privacy and Personal Information Protection Act 1998:**

**The applicant for this registration:**

- authorises the Office of Fair Trading to make any enquiries and to receive and disclose any information which is relevant to the applicant's initial and ongoing eligibility to hold this registration;**
- acknowledges that information will be placed on a register open to the public;**
- has a right to seek access to and correction of information supplied.**

**Application to Change  
Proprietors of a Business Name**  
under the Business Names Act 2002.

**Form 6**

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**No Fee Payable**

**1. Contact details of the person  
lodging this application**

Name:

Address:

Postcode:

Daytime phone number:

**2. Registration Details** Business Name:

Registration Number:

ABN:

**3. Details of NEW Proprietor**

*If more than 1 New proprietor commencing please photocopy this page and complete.*

**Full name of Individual or  
Corporation (include ACN)**

Name:

ACN:

**Residential address of Individual or  
Registered Office of Corporation**  
(Post office boxes are **NOT** acceptable)

Address:

Postcode:

**Place of Birth**  
(Town and State or country if overseas)

**Date of Birth**

**Address for Service of Notices**  
(Post office boxes are acceptable)

Address:

Postcode:

I certify that the information provided on this application is correct. I have read and understand the Statement under the *Privacy and Personal Information Protection Act 1998* below. I have not been convicted of an offence prescribed under Section 8 of the *Business Names Act 2002*.

**Signature of new proprietor**

**Full Name of person if signing on behalf of corporation**

**Position Held**

*(Must be a Director or Secretary if signing on behalf of a corporation)*

**Date**

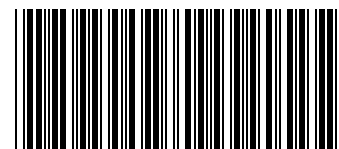
**REVERSE SIDE MUST ALSO BE COMPLETED**

**OFFICE USE ONLY**

Lodged at:

Processed by:

Registration No:



4. The following Proprietor *If more than 1 proprietor ceasing please photocopy this page and complete.*  
has CEASED to carry on  
business under the  
Business Name:

Full Name of Individual or Corporation

Full Name of of Person if signing on behalf of Corporation

Position Held

*(Must be a Director or Secretary if signing on behalf of a corporation)*

Signature of ceasing proprietor

Date

5. Nominated proprietor for Service of  
Notices Address for the Business

Name:

6. Signature(s) of  
CONTINUING Proprietor/s

*If more than four continuing proprietors, please photocopy this page  
and complete.*

1

Signature

Date

Full Name of individual or corporation

Full Name of person if signing on behalf of corporation

Position Held

*(Must be a Director or Secretary if signing on behalf of a corporation)*

2

Signature

Date

Full Name of individual or corporation

Full Name of person if signing on behalf of corporation

Position Held

*(Must be a Director or Secretary if signing on behalf of a corporation)*

3

Signature

Date

Full Name of individual or corporation

Full Name of person if signing on behalf of corporation

Position Held

*(Must be a Director or Secretary if signing on behalf of a corporation)*

4

Signature

Date

Full Name of individual or corporation

Full Name of person if signing on behalf of corporation

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