Government of **Western Australia**
Department of **Commerce**

Statement of Change in Registered Particulars

Business Names Act 1962 s. 7 Business Names Regulations 1962

FORM 4

INSTRUCTIONS FOR COMPLETION OF APPLICATION

ITEM 1 & 2 - Details of Business
- Please supply your full registered business name and registration number as shown on your certificate of registration.

ITEM 3 & 4 - Change of place(s) of the business
- Please supply where relevant, the room number, floor number and building name together with number, street name, suburb, town and postcode of new and ceasing addresses.
- You must state the date applicable to each change of address.

ITEM 5 & 6 - Change of address for service of notices
- All official correspondence, including renewal notices will be sent to the Address for Service of Notices, provided by you. This address may be a postal address (such as a post office box), so long as it is within the State of Western Australia.
- You must state the date of change.

ITEM 7 & 8 - Change of nature of business
- Please state the nature of business you are carrying on, if it has changed. Be specific. Vague descriptions such as “trading”, “manufacturing” or “retailing” will not be accepted.
- You must state the date of change.

ITEM 9 & 10 - Persons who have commenced carrying on the business
- Please state the full name and address of each individual or if a corporation name, the corporation name, Australian Company Number and registered office address in Australia commencing to carry on business under this business name.
- If an individual is under the age of 18 years, their date of birth MUST be provided.
- You must state the date of commencement.
- ALL current and commencing proprietors MUST sign this form.
- Any individual that has been convicted of an offence as stated within the last 5 years, or within the last five years after release from that imprisonment, must seek approval from the District Court prior to being a proprietor of a business. If you would like further advice please call the department on 1300 30 40 14.

ITEM 11 & 12 - Persons who have ceased carrying on the business
- Please state the full name of any individual or corporation name and Australian Company Number of any corporation ceasing to carry on business under this business name.
- You must state the date of cessation.
- ALL current and ceasing proprietors MUST sign this form.

ITEM 13 & 14 - Persons who are continuing to carry on the business.
- Where a change has been made to the proprietorship of a business name (commencements and cessations), any continuing proprietor details MUST be stated.
- ALL continuing proprietors MUST sign this form together with the commencing and ceasing proprietors.

ITEM 15 & 16 - Change of details of person(s) carrying on the business.
- This item is to be used to notify a change in the name or residential address of any individual or the change of name or registered address of a corporation carrying on business under this name.
- Any change of a company name or company registered office must also be notified to the Australian Securities Investments Commission (ASIC).
- You must state the date of change.
- Each individual whose name or address has been changed or a Director or Secretary of a corporation whose name or registered office has changed must sign this form.

ITEM 17 & 18 - Declaration of this statement.
- See instructions provided on the Form for who must sign.

FEES PAYABLE ON LODGING THIS STATEMENT

(a) If lodged within one (1) month of the date of the change …… nil.
(b) If lodged within two (2) months of the date of the change …… $12.00.
(c) If lodged after two months of the date of change……$24.00.

PAYMENTS
Payments may be made by Visa card or Mastercard, cheque or money order.
Cheque payments may be made out to **“Department of Commerce”**

Business Names
1300 30 40 14
(8.30am - 5.00pm weekdays, at the cost of a local call)

Department of Commerce
The Forrest Centre
219 St Georges Terrace
Perth WA 6000

Locked Bag 14
Cloisters Square
WA 6850

Administration
Tel: 08 9282 0777

TTY
Tel: 08 9282 0800

Quality of Service Feedback Line
Tel: 1800 304 059

ABN 91 329 800 417

REGIONS
Great Southern
Unit 2
129 Aberdeen Street
ALBANY WA 6330
Tel: 08 9842 8366

South West
8th Floor
61 Victoria Street
BUNBURY WA 6230
Tel: 08 9722 2888

Mid West
Shop 3
Post Office Plaza
50-52 Durlacher Street
GERALDTON WA 6530
Tel: 08 9964 5644

Goldfields/Esperance
Cnr Broadwood &
Hunter Street
KALGOORLIE WA 6430
Tel: 08 9026 3250

Northern
Unit 9
Karratha Village Shopping Centre
Sharpe Avenue
KARRATHA WA 6714
Tel: 08 9185 0900

www.commerce.wa.gov.au/businessnames

Government of **Western Australia**
Department of **Commerce**

FORM 4
Statement of Change in Registered Particulars

Business Names Act 1962 s. 12(1), (2), (3) & (4) Business Names Regulations 1962

Fees payable (GST exempt)	
Lodged within one (1) month of date of change	$Nil
Lodged within two (2) months of date of change	$12
Lodged after two (2) months of date of change	$24
Extract - Optional (Tick to purchase) ☐	$5

For Office Use Only

LUN	
Processed by	Date

PLEASE READ EXPLANATORY NOTES, USE BLOCK LETTERS

DETAILS OF THE BUSINESS

1. **REGISTERED BUSINESS NAME**

2. **REGISTRATION NUMBER**

Change of place(s) of the business [Act s. 12(1)(b)]

3. **NEW ADDRESS(ES) IN WA WHERE THE BUSINESS IS CARRIED ON**
[include street name & Number]

New principal place of business: Postcode:

Date opened: / /

New additional place of business: Postcode:

Date opened: / /

4. **ADDRESS(ES) IN WA WHERE THE BUSINESS IS NO LONGER CARRIED ON**

Old principal place of business: Postcode:

Date closed: / /

Old additional place of business: Postcode:

Date closed: / /

Change of address for service of notices [Act s. 12(1)(c)]

5. **NEW ADDRESS IN WA FOR SERVICE OF NOTICES UNDER THE ACT**
[postal address acceptable]

Address:

Postcode:

6. **DATE OF CHANGE** / /

Change of nature of the business [Act s. 12(1)(a)]

7. **NEW NATURE OF BUSINESS** (be concise)

8. **DATE OF CHANGE** / /

Person(s) who have commenced carrying on the business [Act s. 12(4)]

9. NEW INDIVIDUALS CARRYING ON THE BUSINESS

[give date of birth if under 18 years of age]

Surname: Given names:

Residential address: (not P.O. Box No.)

Date commenced: / / Date of birth: / /

NOTE: DO NOT COMPLETE DIRECTOR'S DETAILS IF CORPORATION ONLY CARRYING ON BUSINESS

Surname: Given names:

Residential address: (not P.O. Box No.)

Date commenced: / / Date of birth: / /

MUST BE COMPLETED

Have any of the above persons been convicted in WA or elsewhere -

- on indictment of an offence in connection with the promotion, formation or management of a corporation;
- of an offence involving fraud or dishonesty punishable on conviction with imprisonment for 3 months or more; or
- of any other offence relating to the management or administration of a corporation or the purchase or selling shares in a corporation?

☐ **Yes** ☐ **No** ← **Please Tick** ☑

If yes you must contact the Department on 1300 30 40 14 before you lodge this form.

10. NEW CORPORATIONS CARRYING ON THE BUSINESS

Corporation name:

ACN: Date commenced: / /

Registered office: (not P.O. Box No.) Postcode:

Corporation name:

ACN: Date commenced: / /

Registered office: (not P.O. Box No.) Postcode:

Person(s) who have ceased carrying on the business [Act s. 12(3)]

11. INDIVIDUALS WHO HAVE CEASED TO CARRY ON THE BUSINESS

Surname: Given names:

Date ceased: / /

Surname: Given names:

Date ceased: / /

12. CORPORATIONS THAT HAVE CEASED TO CARRY ON THE BUSINESS

Corporation name:

ACN: Date ceased: / /

Corporation name:

ACN: Date ceased: / /

Details of all person(s) continuing to carry on the business [To be completed only if any of items 9 to 12 above has been completed]

13. INDIVIDUALS WHO CONTINUE TO CARRY ON THE BUSINESS

Surname: Given names:

Address: Postcode:

Surname: Given names:

Address: Postcode:

Surname: Given names:

Address: Postcode:

14. CORPORATIONS THAT CONTINUE TO CARRY ON THE BUSINESS

Corporation name: | ACN:

Registered office: (not P.O. Box No.) | Postcode:

Corporation name: | ACN:

Registered office: (not P.O. Box No.) | Postcode:

Change of details of person(s) carrying on the business [Act s. 12(2)]

15. CHANGE OF PROPRIETORS NAME
[e.g. by marriage or deed poll]

Old name:

New name:

ACN: (if corporation): | Date of change: / /

16. CHANGE OF PROPRIETORS ADDRESS

Surname & Given Names:
or Corporation Name &

ACN: | Date of change: / /

New address:

IMPORTANT

WHO MUST COMPLETE THIS DECLARATION [For details see the Act s. 12(1), (2), (3) & (4).]

- If item 3, 4, 5 or 7 above is completed - any one of the persons carrying on the business.
- If item 9 or 10 above is completed - the current and commencing proprietors.
- If item 11 or 12 above is completed - the current and ceasing proprietors.
- If item 15 or 16 above is completed - the person or corporation named in the item.

17. DECLARATION

I/we declare that all the details on this form are true and correct.

18. SIGNATURES
[making a false declaration is an offence with a penalty of $1,000l]

Individuals

Surname & Given Names:

Signature: | Date: / /

Surname & Given Names:

Signature: | Date: / /

Surname & Given Names:

Signature: | Date: / /

Surname & Given Names:

Signature: | Date: / /

Corporations

[the officer signing must be a director or secretary of the corporation]

Corporation name: | ACN:

Officer's full name: | Position:

Officer's signature: | Date: / /

Corporation name: | ACN:

Officer's full name: | Position:

Officer's signature: | Date: / /

Lodged by

Full name: | Telephone:

Address: | Postcode:

The Forrest Centre
219 St Georges Terrace
Perth WA 6000

Locked Bag 14
Cloisters Square
WA 6850

Tel:1300 30 40 14
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