Please fill out these contact details to facilitate communication if necessary.
Name:
Address:
E-mail:
Telephone (BH):

Name of Cardholder:





BP	P	articui	_ARS	S OF	BUS	INE	SS I	NAN	ИE					
Form 500	PRIVACY COLLECTION STATEMENT and IMPORTANT INFORMATION OVERLEAF													
PARTICULARS OF	BE USED TO APPLY FO AN EXISTING BUSINE CTIONS BELOW. FEES A	SS NAME. TIC	K THE	APPROP	RIATE E					W REGIS			ARS	
1. BUSINESS NA	AME (if applying to registe	r a new business	name, cor	mplete in	order of p	referenc	e, otherv	wise sho	ow registe	ered busi	ness na	me at	1(a).)	
(a)					(c)									
(b)				(d)										
Marks Act 1995	whether a name is aw (Commonwealth). Notes acquired by regist	lo responsibi	ity is a	ccepted	l for reg	gistrat	ion of	a nan	ne whic	ch mig	ht infi			rade
2. DATE OF COMMENCEMENT (complete only if new business name – not more than 2 months after lodgement)			4. REGISTERED BUSINESS NUMBER (leave blank if applying to register a new business name)									ne)		
3. DATE OF CH (complete only if char	ANGE]	F							
5. NATURE OF E	BUSINESS (describe the	goods sold or se	rvices pro	vided by t	he busine	ess, and	attach s	upportir	ng docum	ents if re	quired -	- see	overleaf)	
	LACE OF BUSINESS ess in the A.C.T. (if the bus			l places o	f business	s in the F	A.C.T. at	tach an	nexure lis	sting addi	tional a	ddres	ses)	
7. POSTAL ADD	RESS (may be outside th	e A.C.T)												
	ARTICULARS OF EA			ninated –	see overl	eaf)								
FULL PERSONAL	NAME OR CORPORATE N	IAME & ACN	RESIDE	ENTIAL AI	DDRESS	OR REC	SISTERE	ED OFF	ICE OF C	ORPOR	ATION		ATE OF E	
	GENT (if all proprietors re									his requi	rement	also a	pplies to	
LETTE PERSONAL NAME OR CORPORATE NAME & ACM TELES				CAL ADDF	RESS OR	REGIST	TERED (OFFICE	OF COR	PORATI	ON		ATE OF E	
TOLET ENGOWNER	WINE OR CORE CITY ITEM	TIVIL & TION	FOR SE	RVICE C	F NOTIC	ES (mus	t be add	lress in	the ACT)			(1	F UNDER	2 18)
Cheques Payable to the Registrar-General Please							ase	Turn O	ver					
		С	REDIT	CARD F	PARTIC	ULAR	S							
	Bankcard	Masterca	ard		Visa						(Card	Expiry D	ate
Card Number:													/	

Approved Form AF 2007 - 98 approved by Brett Phillips, Registrar-General on 1 August 2007 under section 33 of the *Business Names Act 1963* (approved forms) and revokes form AF 2007 - 26.

Amount: \$

Signature of Cardholder:

10. NAME AND PARTICULARS OF EACH OUTGO	ING PROPRIETOR (Only complete if changing the particulars of proprietor/s)							
FULL PERSONAL NAME OR CORPORATE NAME & ACN	RESIDENTIAL ADDRESS OR REGISTERED OFFICE OF CORPORATION							
11. SIGNATURE/S (All proprietors (including any outgoing proprietors) and resident agent, where applicable, must sign and print their name/s. In the case of corporations, an authorised signatory may sign).								
(signature and name of signatory)	(signature and name of signatory)							

WARNING

(signature and name of signatory)

No expense should be incurred in relation to the use of the proposed name until a certificate of registration has been received by the applicant.

If you register a name consisting of only generic or generally used words you are advised that another name may be registered containing those same words, prefixed of suffixed by a distinguishing word or words e.g. Computer Installations would not preclude the registration of the name A.B. Computer Installations by another party.

There is no provision in the *Business Names Act 1963* to change a business name once registered. Where a change to a business name is required, it will be necessary to lodge a separate application to register the new name.

IMPORTANT INFORMATION

Proprietors -The proprietors are held accountable for the operation of the business trading under the registered business name, and for ensuring that the business operates in compliance with applicable laws, including the *Business Names Act 1963* (the Act) and the *Business Names Regulation 1963* (the Regulation).

Trusts and Trustees - Where a person or corporation is acting in this capacity as a trustee, the trustee, not the trust, will be deemed to be the proprietor for the purposes of the Act.

Qualifications - Where the proprietors of a business name are individual persons whose nature of business includes the provision of professional services which may only be carried out by persons holding specific qualifications (barrister, solicitor, veterinarian, architect or a medical professional), the Registrar-General will require a copy of the qualification or proof of endorsement to accompany the application.

Franchises - Registration of a business name as part of a franchise agreement or under licence will require written consent to the registration to be provided by the holder of the franchise or licence. Letters of consent must be issued on the letterhead of the franchise/licence holder, and identify both the business name to be registered and the proprietor(s) authorised to trade under that business name. The business name will still be subject to an examination for availability under the Act.

Resident Agent - The residential address of individual proprietors must be provided as Section 8 of the Act provides that where all proprietors of the business are individual persons who reside outside the ACT, a resident agent must be appointed. This requirement also applies where all proprietors of the business are individuals of no fixed address, or where the proprietor is a body corporate or government agency established under the laws of another State or Territory.

PRIVACY STATEMENT

The Act authorises the Registrar-General to collect the information required by this form for the purpose of establishing and maintaining the public register of business names registered under the Act. The public register is available for search pursuant to Section 22 and 23 of the Act, and is also made available to government agencies for statistical and administrative purposes, and to non-government persons and organisations.

ENGLISH
ARABIC

CHINESE
CROATIAN
ARABIC

SUPERAR (**ARABIC (STATE ARABIC ARAB

LOCATION

255 Canberra Avenue Fyshwick ACT 2609

OFFICE HOURS

9.00am to 4.30pm Monday to Friday (excluding public holidays)

CONTACT NUMBERS

Phone (02) 62070435 or (02) 62070474 Fax (02) 62070487

POSTAL ADDRESS

PO Box 225

(signature and name of signatory)

CIVIC SQUARE ACT 2608