



**ACT GOVERNMENT**  
*Charitable Collections Act 2003*  
*Office of Regulatory Services*

## APPLICATION FOR REPLACEMENT CHARITABLE COLLECTION LICENCE

**RCL**

**IMPORTANT INFORMATION**

Applicants should be aware of their responsibilities under the *Charitable Collections Act 2003*. You can view the legislation and its regulations or download them from [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain access to the Charitable Collections Practice Manual at and relevant forms at [www.ors.act.gov.au](http://www.ors.act.gov.au)

Send completed applications to: **OFFICE OF REGULATORY SERVICES, PO BOX 225, CIVIC SQUARE, ACT 2608**

LICENCE NUMBER	COMMENCEMENT DATE	EXPIRY DATE	TERM OF LICENCE
	Office Use only	Office Use Only	Office Use Only

**TYPE OF LICENCE**

Individual
  Unincorporated
  Corporation
  Incorporated Body

**APPLICANT DETAILS** (Main contact with the Office of Regulatory Services)

If the body is not incorporated, the applicant must be the nominated person in accordance with the Act. The nominated person must also provide consent from the body to apply on their behalf (section 21(2)). In the case of an unincorporated body, the nominated person will be the holder of the license.

TITLE (eg. Ms, Mr, Dr)	FULL NAME OF APPLICANT / NOMINATED PERSON IF BODY NOT INCORPORATED	POSITION HELD WITHIN ORGANISATION (eg. Exec Officer)

**APPLICANT ADDRESS** (Property Name, Unit, Flat, Room No, Street Number, Street Name, City/Suburb/Town, Postcode)

PHONE CONTACT	FAX CONTACT	EMAIL CONTACT

**STATUTORY DECLARATION**

I .....of.....  
 .....  
 (occupation)

hereby declare that the Charitable Collection Licence No ..... issued to .....has been lost, mislaid or destroyed.

And it make this solemn declaration by virtue of the Statutory Declarations Act 1959, and subject to the penalties provided by that Act for the making of false declarations, conscientiously believing the statements contain in this declaration to be true in every particular.

Declared at .....on the .....day of .....20.....

Signature of person making the declaration .....

Full Name and Signature of person before whom the declaration is made .....

Address of person before whom the declaration is made .....Qualification\* .....

Full name, qualification\* and address of person before whom the declaration is made (in printed letters) (\* Must be authorised under Statutory Declarations Act 1959)