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

Name of Cardholder:

ACT GOVERNMENT Business Names Act 1963 Registrar-General's Office



BP		PARTIC	CUL	AR	S Ol	F B	US	INE	SS	NA	ME						
Form 500	PRIVAC	CY COLLE	CTIO	N S	ГАТЕ	MEN	T a	nd II	<i>МРО</i> Г	RTAI	VT II	IFO#	RMA	TIO	۷O۱	/ERLE	AF
PARTICULARS C	_I BE USED TO APPLY OF AN EXISTING BUS SECTIONS BELOW. FEI	SINESS NAME.	. TICK	THE	APPRO)PRIAT	E B					NEW F				ARS	
1. Business i	NAME (if applying to reg	gister a new busi	iness na	ame, co	mplete i	n order	of pre	eferenc	e, other	rwise sh	now rec	gistered	d busin	ness na	ame at	1(a).)	
(a)						(c)											
(b)						(d)											
Marks Act 199	whether a name is (Commonwealth) hts acquired by re). No respon	rsibilit	ty is a	ccept	ed fo	reg	istrat	ion of	f a nai	ne w	/hich	migh	nt inf			rade
2. DATE OF COMMENCEMENT (complete only if new business name – not more than 2 months after lodgement)				4. REGISTERED BUSINES (leave blank if applying to register a n													
3. DATE OF C	=								F								
5. NATURE OF	BUSINESS (describe	e the goods sold	or serv	ices pro	ovided b	y the b	usines	ss, and	attach :	support	ing do	cument	s if rec	quired -	- see (overleaf)	
	PLACE OF BUSINE Idress in the A.C.T. (if the				al places	s of bus	iness	in the	A.C.T. a	attach a	nnexur	e listin	g addit	ional a	iddres:	ses)	
7. POSTAL AD	DRESS (may be outside	de the A.C.T)															
	PARTICULARS OF e outside the A.C.T., a re				minated	- see (overle	af)									
FULL PERSONA	L NAME OR CORPORAT	TE NAME & ACN	N	RESID	ENTIAL	ADDR	ESS (OR REG	GISTER	RED OF	FICE (OF COF	RPORA	ATION		ATE OF B F UNDER	
<u> </u>																	
9. RESIDENT <i>i</i>	AGENT (if all proprietor	 rs reside outside	the AC	T, an a	gent wh	o is res	ident	in the A	CT mu:	st be ar	pointe	d. This	reguir	ement	also a	applies to	
	ered with the Australian S		vestmen	nts Com	nmission	(ASIC) unde	er <i>Corp</i>	orations	6 Act 20	01.)		•		Ιn	ATE OF B	IDTH
FULL PERSONAL NAME OR CORPORATE NAME & ACN				RESID	ENTIAL	ADDR	ESS (OR RE	GISTER	RED OF	FICE (OF COF	RPORA	ATION		F UNDER	
Cheques Pava	ble to the Registra	r-General												Ple	ease	Turn Ov	/er
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	Bankcard	Ma	stercar	d		Visa							_		Card	Expiry Da	ate
Card Number:																1	

Signature of Cardholder:

Amount: \$

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) WARNING 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 If you need interpreting help, telephone: إذا احتجت لمساعدة في الترجمة الشفوية ، إتصل برقم الهاتف CONTACT NUMBERS LOCATION 如果你需要传译员的帮助, 请打电话: B1 Level, Allara House, (02) 62070435 or Phone CROATIAN Ako trebate pomoć tumača telefonirajte: Αν χρειάζεστε διερμηνέα τηλεφωνήσετε στο GREEK 50 Allara Street. (02) 62070474 ITALIAN MALTESE **CANBERRA CITY** Fax (02) 62070487

10. NAME AND PARTICULARS OF EACH OUTGOING PROPRIETOR (Only complete if changing the particulars of proprietor/s)

RESIDENTIAL ADDRESS OR REGISTERED OFFICE OF CORPORATION

FULL PERSONAL NAME OR CORPORATE NAME & ACN

PERSIAN PORTUGUESE SERBIAN

TURKISH

TURKISH Tercümana ihtiyacınız varsa lütfen telefon ediniz: VIETNAMESE Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:

TRANSLATING AND INTERPRETING SERVICE

131 450

(excluding public holidays)

8.30am to 4.30pm Monday to Friday

POSTAL ADDRESS

CIVIC SQUARE ACT 2608

PO Box 225

OFFICE HOURS