



APPLICATION FOR LICENSEE TO CHANGE NAME, ADDRESS OR PHONE CONTACT

CNA

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. You may also obtain access to the Charitable Collections Practice Manual at and relevant forms at www.ors.act.gov.au. This form may be used for the purpose of the Licensee changing the name, address or telephone contact number in accordance with section 42 of the Act.

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

LICENCE ATTACHED

LICENCE NUMBER

DETAILS PRIOR TO CHANGE - FULL NAME OF LICENSEE

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

PHONE CONTACT

FAX CONTACT

EMAIL CONTACT

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

DETAILS TO BE RECORDED ON THE REGISTER AFTER THE CHANGE – FULL NAME OF LICENSEE

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

PHONE CONTACT

FAX CONTACT

EMAIL CONTACT

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

STATUTORY DECLARATION BY LICENSEE IF THE LICENCE IS NOT ATTACHED TO THE APPLICATION

Iof.....
 (Name) (Address)

 (Occupation)

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

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statement in this declaration is true in every particular.

Declared aton theday of20

Signature of person making the declaration

Signature of person before whom the declaration is made

Address of person before whom the declaration is madeQualification*

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