



ACT
Government

Justice and Community Safety

APPLICATION FOR A REPLACEMENT CHARITABLE COLLECTION LICENCE

Charitable Collections Act 2003
Charitable Collections Regulation 2003



PURPOSE

This form is to be used when applying for a replacement licence under the *Charitable Collections Act 2003* (the Act) when your licence is lost, stolen or destroyed. You can access the legislation at www.legislation.act.gov.au. You may also obtain further information and forms at www.ors.act.gov.au.

PRIVACY

The Act authorises the Director-General to collect the personal information required by this form for the purposes of issuing a licence under Division 4.1 of the Act. Pursuant to Section 41 of the Act, the Director-General must keep a Register of Licenses that is available for inspection by the public. The Director-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The Director-General may provide additional information to law enforcement agencies and authorised organisations that have legal authority to request information under prescribed circumstances.

CONTACT

Office of Regulatory Services Shopfront
255 Canberra Avenue, Fyshwick ACT 2609

Opening Hours 9:00am to 4:30pm Monday to Friday

General Enquiries (02) 6207 0562

Office of Regulatory Services Postal Address
GPO Box 158, Canberra ACT 2601

Website www.ors.act.gov.au Email ors.bil@act.gov.au

Fax Number (02) 6207 0424

INSTRUCTIONS FOR COMPLETION

- Complete this form using blue or black pen only.
- Please print; ensuring writing is clear and legible.
- This office will not accept lodgement of this form if it is not completed in full.

IMPORTANT INFORMATION

- Licensees should be aware of their responsibilities under the *Charitable Collections Act 2003*.
- Licensees are required to notify the Director-General within 7 days of the change of name, address or telephone number as shown on the licence.
- If the name of the licensee has changed please attach evidence of the name change.
- Licenses cannot be transferred to another entity.

TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



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LICENCE NUMBER	COMMENCEMENT DATE (Office use only)	EXPIRY DATE (Office use only)	TERM OF LICENCE (Office use only)

NAME OF ORGANISATION – REGISTERED NAME IF INCORPORATED (If incorporated, please provide a copy of the certificate of incorporation)

TYPE OF LICENCE

Individual
 Unincorporated
 Corporation
 Incorporated body

APPLICANT / CONTACT / NOMINATED PERSON DETAILS (Main contact with the Office of Regulatory Services)

All applicants must complete this section.

- An individual applicant must provide his/her details.
- An incorporated organisation must provide the name and details of a contact person.
- Unincorporated organisations must provide the name of the nominated person. The nominated person is the holder of the licence.

TITLE (eg. Ms, Mr, Dr)	FULL NAME OF NOMINATED PERSON/CONTACT	POSITION HELD WITHIN ORGANISATION (Eg. Exec Officer)

ADDRESS (Property name, unit, flat, room no, street number, street name, city/suburb/town, postcode)

PHONE CONTACT	FAX CONTACT	EMAIL CONTACT

I of
(Name) (Address)

.....
(Occupation)

hereby declare that the Charitable Collection Licence No issued to has 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 at on the day of 20.....

Signature of person making the declaration

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)