

Motor Vehicle Dealer

Prescribed Annual Return for an Individual

Licence Details		
Licensee Name:		
Licence Number:	Expiry Date:	
Applicant Details		
Surname:	Title:	
Given Name(s):	Other Names:	
Date of Birth:	Place of Birth:	
Postal Address and Contact Details		
Unit/Building Number:	Street Number:	
Street Name:		
Post Office Box Address:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Do you agree to receive correspondence by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Principal Place of Business		
Do you use a Business or Trading Name? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide Business Name, Business Number and Website</i>		
Business Name:		
Business Number:		
Website:		
Dealer's Manager:		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Do you carry on business from more than one car yard? <i>If yes, fill in Details of Other Place of Business.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Details of Other Place of Business (1)		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Dealer's Manager:		
Details of Other Place of Business (2)		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Dealer's Manager:		
<i>If more than 2 other places of business please complete the details on a separate sheet and attach to this application.</i>		
Disclosures		
In the NT or elsewhere during the last 12 months, have you:		
1. Applied for an authorisation (however described), such as a licence or certificate, or registration, under any Act relating to the regulation of any business trade, profession, industry or occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
2. Were any of the applications for such authorisation refused or withdrawn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
3. In respect of those applications approved, is there any authorisation no longer in force for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
4. In the last 10 years, been subject to action of a disciplinary nature relating to any authorisation referred to in paragraph (1)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		

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5. Is there any investigation or are there any proceedings, pending or current, which may result in such action of a disciplinary nature in relation to any authorisation referred to in paragraph (1)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
6. Since being licensed, have you been convicted of, or served any part of a term of imprisonment, wherever committed, for an offence involving fraud, dishonesty or physical violence or an offence against the Consumer Affairs and Fair Trading Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
7. Is there a charge pending in relation to an offence involving fraud or dishonesty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
8. Been known by any other name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
9. Assigned your estate for the benefit of creditors or been declared bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
10. Been a secretary, a director, or a person concerned in the management of a corporation which has been placed under a receiver or manager, or wound up, or which has entered into a compromise or scheme of arrangements with creditors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
In the past 12 months has there been a change to any of the following:		
11. The trading name(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
12. The principal trading location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
13. Any addition or reduction to, trading location(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
14. The Manager of the dealership authorised by the Commissioner under Section 176 of the Consumer Affairs and Fair Trading Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		

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Unattested Declaration under the Oaths, Affidavits and Declaration Act		
I, (Full Name)	of: (Address)	
solemnly and sincerely declare that:		
1. All statements and information contained in this application are true and correct to the best of my knowledge;		
2. I have read and understood the information contained in this application; and I further state that:		
3. This declaration is true and correct; and		
4. I know that it is an offence to make a declaration that is false in any material particular;		
This declaration is made at: (Location)		
Signature	on: (Date)	
Note: A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.		
Privacy Statement		
The Northern Territory Government complies with the Information Privacy Principles scheduled by the <i>Information Act</i> .		
Fees and Payment		
Contact your local Territory Business Centre for the relevant schedule of fees.		
Cash – Territory Business Centre <input type="checkbox"/>		
Cheque - payable to RTM (Receiver of Territory Monies) <input type="checkbox"/>		
Credit card	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Name on Card		
Credit Card Number _____		
Credit Card Expiry Date ____ / ____ (MM/YY)		
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of \$		
Amount in words		
Signature	Date	Contact Phone Number
Lodgement Options		
Applications can be lodged at a Territory Business Centre with the prescribed fee at:		
Darwin Darwin Corporate Park Ground Floor, Building 3 631 Stuart Highway Berrimah GPO Box 9800, Darwin NT 0801 t: (08) 8982 1700 f: (08) 8982 1725 Toll free: 1800 193 111 e: territory.businesscentre@nt.gov.au	Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800, Katherine NT 0851 t: (08) 8973 8180 f: (08) 8973 8188 e: territory.businesscentre@nt.gov.au	
Tennant Creek Shop 2, Barkley House Cnr Davidson and Paterson Streets Tennant Creek PO Box 9800, Tennant Creek NT 0861 t: (08) 8962 4411 f: (08) 8982 1725 e: territory.businesscentre@nt.gov.au	Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800, Alice Springs NT 0871 t: (08) 8951 8524 f: (08) 8951 8533 e: territory.businesscentre@nt.gov.au	