

Application for Variation of Licence

Commercial and Private Agents Licensing Act

Please print in block letters. If there is insufficient space, attach extra sheets. All questions must be answered and full particulars provided.

Once this application form is complete it must be lodged at a Territory Business Centre. For any enquiries relating to this application please contact (08) 8999 1800

| Application for Variation of Licence | | | |
|---|--------------------------|-------------|--|
| 1. Licence details | | | |
| Licensee name | | | |
| Licence number | | Expiry date | |
| Licence category held: | | | |
| Commercial Agent | | | |
| Private Bailiff | <input type="checkbox"/> | | |
| Inquiry Agent | <input type="checkbox"/> | | |
| Process Server | <input type="checkbox"/> | | |
| Registered office address | <input type="checkbox"/> | | |
| Approved manager / authorised nominee | | | |
| 2. Variation details | | | |
| a. Change of Principal place of business: | | | |
| Former Business address: | | | |
| New business address | | | |
| b. Change a Business address: | | | |
| Former Business address: | | | |
| New business address | | | |
| d. Add a business address: | | | |
| New business address | | | |

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|---|--|-----------|--|
| e. Remove a business address: | | | |
| Former business address | | | |
| 3. Unattested Declaration under the <i>Oaths, Affidavits and Declarations Act</i> | | | |
| I, (insert name) | | | |
| Of (insert address) | | | |
| solemnly and sincerely declare that: | | | |
| <ol style="list-style-type: none"> 1. all statements and information contained in this application for the purpose of obtaining approval for variation of licence under the <i>Commercial and Private Agents Act</i> 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: | | | |
| <ol style="list-style-type: none"> 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 (place) | | On (date) | |
| Signature of applicant: | | | |
| 4. Privacy statement | | | |
| The Department of the Attorney-General & Justice complies with the Information Privacy Principles scheduled by the | | | |