

# Motor Vehicle Dealer

## Prescribed Annual Return for a Company or Firm (Partnership)

Licence Details		
Licensee Name:		
Licence Number:	Expiry Date:	
Applicant Details		
Full Name of Company or Firm:		
ACN:	ABN:	
Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Postal Address and Contact Details		
<input type="checkbox"/> Postal Address is the same as Head Office		
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		
<input type="checkbox"/> Principal Place of Business Address is the same as Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Name of Dealer's Manager:		
Does the Firm 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:		

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Does the Company/Firm 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			
<b>Details of Other Place of Business (1)</b>			
Unit/Building Number:		Street Number:	
Street Name:			
Suburb:		State:	Postcode:
Country:			
Telephone:		Mobile:	
Fax Number:			
Email:			
Dealer's Manager:			
<b>Details of Other Place of Business (2)</b>			
Unit/Building Number:		Street Number:	
Street Name:			
Suburb:		State:	Postcode:
Country:			
Telephone:		Mobile:	
Fax Number:			
Email:			
Dealer's Manager:			
<b>Note:</b> <i>If more than 2 other places of business please complete the details on a separate sheet and attach to this application.</i>			
<b>Officers of the Company / Firm</b> (attached a separate sheet if more officers are to be listed)			
Full Name	Position	Residential Address	Date of Birth
<b>Disclosures</b>			
If the answer to any of these questions is "Yes", please provide full details as an attachment to this form. In the NT or elsewhere during the last 12 months, has the corporation, a director, or a person concerned in the management of the corporation:			
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
2. Were any of the applications for such authorisation refused or withdrawn?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
4. Been subject to action of a disciplinary nature relating to any authorisation referred to in paragraph (1), or are 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

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5. Since being licensed, 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 <i>Consumer Affairs and Fair Trading Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is there a charge pending in relation to an offence involving fraud or dishonesty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Been known by any other name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Assigned their estate for the benefit of creditors or been declared bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 arrangement with creditors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer to any of these questions is "Yes", please provide full details as an attachment to this form. 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
12. The principal trading location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Any addition or reduction to, trading location(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
15. the Directors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Unattested Declaration under the Oaths, Affidavits and Declaration Act</b>		
I, <i>(Full Name)</i>	of: <i>(Address)</i>	
being the person authorised to make this declaration, 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: <i>(Location)</i>		
Signature .....	on: <i>(Date)</i>	
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.		
<b>Privacy Statement</b>		
The Northern Territory Government complies with the Information Privacy Principles scheduled by the <i>Information Act</i> .		
<b>Fees and Payment – Contact your local Territory Business Centre for the schedule of fees.</b>		
Cash – Territory Business Centre <input type="checkbox"/>		
Cheque - payable to <b>RTM (Receiver of Territory Monies)</b> <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

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#### 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](mailto: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](mailto: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](mailto: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](mailto:territory.businesscentre@nt.gov.au)

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<b>Complete the following sections for each <u>new</u> Director/Partner/Officer of the Company / Firm (Partnership).</b> <b>Photocopy and complete the following sections for each officer/partner of the Firm. Attach the additional pages when you submit your application.</b>		
<b>Director / Partners / Officer of the Company / Firm (Partnership)</b> <i>(photocopy and complete for each person)</i>		
Details of each Officer or Partner of the Firm and each person who substantially controls or could substantially control the affairs of the firm.		
Surname:	Title:	
Given Name(s):	Other Names:	
Date of Birth:		
Position Held:	<input type="checkbox"/> Partner	<input type="checkbox"/> Other (specify)
<b>Postal Address and Contact Details</b> <i>(photocopy and complete for each person)</i>		
Unit/Building Number:	Street Number:	
Street Name:		
Post Office Box Address:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
<b>Disclosures</b> <i>(photocopy and complete for each person)</i>		
In the NT or elsewhere during the last 10 years, 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. Had any of the applications for such authorisation refused or were any of the applications withdrawn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
3. Had an authorisation granted which is no longer in force for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
4. Been subject to action of a disciplinary nature relating to any authorisation referred to in paragraph (1), or are there any investigations or proceedings, pending or current, which may result in such action being taken in relation to any authorisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		

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5. Since being licensed, 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>		
6. Had 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>		
7. Been known by any other name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
8. 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>		
9. 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>		
10. Been placed under a receiver or manager or entered into a compromise or scheme of arrangements with creditors, or is the corporation or a related corporation in the process of being wound up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
<b>Unattested Declaration under the Oaths, Affidavits and Declaration Act</b> <i>(photocopy and complete for each person)</i>		
I, <i>(Full Name)</i>	of: <i>(Address)</i>	
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;		
Signature:	on: <i>(Date)</i>	
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.		