NOTIFICATION OF A CHANGE OF PARTICULARS TRAVEL AGENTS LICENCE

Travel Agents Act 1985

If a change in the particulars occurs as specified in Section 9(3), (4) or (5) of the *Travel Agents Act* 1985, the licensee shall within 14 days give notice in writing specifying the particulars of the change.

This form can be used to update the following details about a licensee (only complete the section/s that relate to the change):

- change of company name change of directors/office holders change of address
- change of business name add new branch(s)
 close branch(s)
- a new manager
 appoint proxy manager
 change of licence category
- purchase a duplicate licence certificate (fee applies)

NOTIFICATIONS

THIS SECTION APPLIES TO ALL LICENSEES

Name of Licensee :
Licence no: TA (Insert the number displayed on the licence certificate)
Licence Category (Type of travel you are currently licensed to arrange only Category A or Category)
Category A Business (Sale of International Travel or International Travel and Accommodation) [] (Category A also includes the sale of Domestic Travel and Accommodation)
Category B Business (Means ONLY Sale of Domestic Travel or Domestic Travel and Accommodation) []
NOTE: THIS NOTIFICATION OF CHANGE IN PARTICULARS FOR A TRAVEL AGENTS LICENCE <u>MUST BE SIGNED</u> BY AN AUTHORISED PERSON. SEE PAGE 4.
If there is insufficient space provided please copy relevant section/s.
[] Change of Company Name:
New company name(s):
Provide ACN
Please ensure that any change of name or address is registered with the Australian Securities and Investments Commission (ASIC). Telephone 1300 300 630 or visit online at www.asic.gov.au .
The details of the ASIC register will be verified by Consumer Protection

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[] Change of Business Name:						
New business name(s):						
Old business name(s) to be removed:						
Please list all other names to appear on licence:						
Please ensure that the information held on the ASIC register is correct. This will be verified by Consumer Protection. Telephone 1300 300 630 or visit online at www.asic.gov.au .						
[] Change of Address: [] for principal business location [] for branch location						
Branch Trading Name:						
New address:						
New postal address:						
New telephone number: ()						
Email Address:						
[] New or Additional Branch: [] Close Branch(s):						
Branch Trading Name:						
Address:						
Postal address:						
Telephone number: ()						
Email address:						
Please ensure that the information held on the ASIC register is correct. This will be verified by Consumer Protection. Telephone 1300 300 630 or visit online at www.asic.gov.au .						
Consumer Protection. Telephone 1300 300 630 or visit online at www.asic.gov.au .						
Consumer Protection. Telephone 1300 300 630 or visit online at www.asic.gov.au . [] Change of Licence Category: Type of Travel to be arranged: (Only choose one category) Category A Business (Sale of International Travel or International Travel and Accommodation []						
Consumer Protection. Telephone 1300 300 630 or visit online at www.asic.gov.au . [] Change of Licence Category: Type of Travel to be arranged: (Only choose one category)						

	Change of Directors/Office Heldons					
LJ	Change of Directors/Office Holders					
Are	you reporting a NEW Director/Office Holder	[]				
Are you reporting a Director/Office Holder that has ceased						
Full	Full name of director/office holder					
Posi	tion held:Date appointed/ceased					
Priva	ate Address:					
Tele	phone number: () Date and place of birth:					
[]	New Manager: [] New Proxy Manager					
[] 1	for principal business location [] or branch location					
Nam	ne of Previous Manager:					
Date	New Manager commenced					
New	Manager – Full Name:					
Resi	dential Address:					
Tele	phone number: ()Date and place of birth:					
	address of the principal place of business/branch office for whichn nominated to be in charge of the day to day conduct of the business of the Travel Ager					
	(Branch Address <u>must</u> be completed)					
Fitno mana	ess and Propriety, Authorisation and Declaration – to be completed for all incoming director agers	s or				
Has	s the incoming director/s or any proposed manager:	Yes or No				
(a)	been convicted of, or found guilty of any offences, including convictions which resulted in a suspended sentence?					
/h	Include all offences which went to Court, including traffic offences. Do not include spent convictions. aware of any legal proceedings pending against the licensee or any partner/director for an offence,					
(b	including proceedings by way of appeal or review?					
(c)	been the subject of any adverse finding by a Government Board, Tribunal or Agency, e.g. the Corruption and Crime Commission?					
(d)	had any occupational licence or application refused, cancelled or suspended?					
(e)	been disqualified from holding an occupational licence?					
(f)	been subject to any disciplinary action by a licensing authority?					
(g)	had any investigations or legal proceedings commenced against them or an associated entity, which may/did result in action being taken in relation to an occupational licence currently held?					
(h)	been known by any other name?					
(i)	in liquidation, under official management or an undischarged bankrupt?					
(i)	having affairs administered under any hankruptcy laws?					

been a director of a corporation, which has been subject to any form of insolvency administration?

(k)

In order to assist with the determination of this change, I authorise the Commissioner, or persons so directed, to obtain on my behalf any document, record, file or information that may be necessary and relevant to consider my fitness and propriety to be a Director / Office Holder / Manager of a travel agency, including but not limited to records relating to my criminal history, current/previous occupational licences and other relevant information. Further, I declare that the information and documents given with or in support of this change in particulars, whether or not provided at the time of or subsequent to lodgement, are true and correct.

I understand that providing a false or misleading statement is an offence.

Now	Managar	/ Director	Signaturo:	 Data:	1 /	1
new	wanager	/ Director	Signature:	 Date:	/ <i>/</i>	

Qualifications of New Manager/Proxy Manager: for Category A licences only. New Director/s do not need to be qualified unless nominated as Manager for the purpose of section 29(2) of the Act.

Attach evidence showing the <u>successful achievement of the Unit of Competency "Construct normal international airfares"</u> delivered or assessed by a registered training organisation with the national training package code of: **THTSOP20A**; **SITTTSL013B** or **SITTTSL310**.

-or-

Provide a statement of service or resume showing at least <u>one years' full-time experience</u> (or equivalent) in the 5 years preceding this application,

- selling tickets, or arranging rights of passage, for international travel, or international travel and accommodation; or
- as a person employed to be in charge of the day to day conduct of a licensed travel agency in another Australian State or Territory selling tickets, or arranging rights of passage, for international travel, or international travel and accommodation.

[] Request duplicate licence certificate: (fee applies)

The licence certificate has been **lost / destroyed** (please circle). In accordance with Section 15(3) of the *Travel Agents Act 1985*, I wish to be issued a duplicate certificate.

NOTE: you will be contacted by the Licensing Branch to arrange payment by credit card on receipt of your request. Otherwise, please include a cheque made payable to the Commissioner for Consumer Protection with this form. See www.commerce.wa.gov.au/CP/licensingfees for the current fee or contact the Licensing Branch.

This form is to be signed by the <u>licensee</u> or in the case where the licensee is a body corporate, a <u>director</u> or <u>company secretary</u>.

I declare that the information provided is true and correct and I understand that providing false or misleading information in a notice or application is an offence under the Travel Agents Act.

Signature:	Date: /	/	
Name:			

Return all completed forms and supporting documentation (if required) to:

Department of Commerce Consumer Protection Licensing Branch 219 St Georges Terrace, Perth WA 6000 Locked Bag 14, Cloisters Square, Perth WA 6850 Telephone: 1300 30 40 64 (option 6) Fax: (08) 9282 0861

licensingenquiries@commerce.wa.gov.au