



Fair
Trading

ABN 81 913 830 179

LICENCE AMENDMENT APPLICATION

Motor Dealers and Repairers Act 2013

Notification of Change in Partners

Use this amendment application form to notify Fair Trading of new partners or partners that have ceased.

No fee is payable

PARTICULARS OF LICENSEE

Licence No.:

Licensee Name:

CONTACT PERSON

Provide the name of a person that may be contacted if any questions arise during the processing of this amendment application.

Name:

Position:

Telephone:

Mobile:

Email Address :

How to lodge this form

 Mail

Send to:
Business Licensing
Locked Bag 5138
PARRAMATTA NSW 2124

OR

 In person at:

Service NSW Service Centre

For your nearest Service NSW Service Centre, go to
www.service.nsw.gov.au or telephone 13 77 88.

NOTIFICATION OF NEW PARTNER (INDIVIDUAL)

Provide details below of any new individual partners.

Partner # 1

Surname:

Given Names:

Former Names (if any):

Date of Birth:

Place of Birth:

Postal Address:

Postcode:

Driver's Licence No.:

Telephone No.:

Mobile Telephone No.:

Email Address (if any):

Partner # 2

Surname:

Given Names:

Former Names (if any):

Date of Birth:

Place of Birth:

Postal Address:

Postcode:

Driver's Licence No.:

Telephone No.:

Mobile Telephone No.:

Email Address (if any):

If there are more than two partners, attach additional sheets showing details of the third and any subsequent partners.

NOTIFICATION OF NEW PARTNER (BODY CORPORATE)

Body Corporate Name:

ACN:

Postal Address:

Email Address (if any):

Director # 1

Surname:

Given Names:

Former Names (if any):

Date of Birth:

Place of Birth:

Postal Address:

Postcode:

Driver's Licence No.:

Mobile Telephone No.:

Telephone No.:

Email Address (if any):

Director # 2

Surname:

Given Names:

Former Names (if any):

Date of Birth:

Place of Birth:

Postal Address:

Postcode:

Driver's Licence No.:

Mobile Telephone No.:

Telephone No.:

Email Address (if any):

If there are more than two directors, you will need to attach additional sheets showing details of the fourth and any subsequent directors.

NOTIFICATION OF CESSATION OF PARTNER (INDIVIDUAL)

Provide details below of any individuals who have ceased to be partners.

Surname of Partner

Given Names of Partner:

Surname of Partner

Given Names of Partner:

NOTIFICATION OF CESSATION OF PARTNER (BODY CORPORATE)

Body Corporate Name:

ACN:

Body Corporate Name:

ACN:

DECLARATION

INDIVIDUAL - declaration MUST be signed by the applicant.

BODY CORPORATE - declaration MUST be signed by a Director of the body corporate.

I certify that the particulars specified in this amendment application and all attachments are, to the best of my knowledge, true and correct in every detail.

Statement under the *Privacy and Personal Information Protection Act 1998*

The licensee:

1. authorises NSW Fair Trading to make any inquiries and to receive and disclose any information which is relevant to the applicant's initial and ongoing eligibility to hold this licence;
2. acknowledges that information will be placed on a register open to the public in accordance with the Motor Dealers and Repairers Act 2013;
3. accepts that failure to supply information required on this application form may delay the processing of the application; and
4. has a right to seek access to and correction of information supplied.

Signature: _____ Date: _____

Full Name: _____

NSW Fair Trading will conduct a criminal history check in respect of new partners.