PD313

SOUTH AUSTRALIA POLICE
SAFER COMMUNITIES

Summary Offences Act 1953 – Schedule 2 Clause 17

NOTIFICATION BY PROHIBITED WEAPONS DEALER / MANUFACTURER OF CHANGE IN NAME, ADDRESS OR OTHER DETAILS

Government of South Australia

- **This form is to notify the Commissioner of Police the changes to the details of a prohibited weapons dealer.**
- **Any person found guilty by a court of an offence involving the use, or threat of using a weapon is not eligible for the exemption, Clause 17(a)(i) Summary Offences Act 1953.**

DETAILS AS PREVIOUSLY NOTIFIED

SOLE TRADER

Trading as			
Family Name	First Name	Middle Name(s)	

Home Address							Postcode	
Full Business Address							Postcode	
Contact Numbers	Hm.		Bus.		Mob.		Fax	
Email Address								
Occupation		Date of Birth	/ /	Gender				

PARTNERSHIP OR BODY CORPORATE

ACN / ABN							
Company / Firm Name							
Trading as							
Full Company Address						Postcode	
Business Contact No.	Ph.		Mob.		Fax		
Address of Registered Office						Postcode	
Business Email Address							

CHANGE IN NAME OF ☐ DEALER, ☐ PARTNER OR ☐ DIRECTOR

	Previous name	New name
1.		
2.		

If name of person - Method of changing name ☐ Deed Poll ☐ Marriage ☐ Reputation

CHANGE IN HOME ADDRESS OF ☐ DEALER, ☐ PARTNER OR ☐ DIRECTOR

Name								
Old Home Address							Postcode	
Old Contact No.	Ph.		Mob.		Fax			
Old Email Address								
New Home Address							Postcode	
New Contact No.	Ph.		Mob.		Fax			
New Email Address								

CHANGE OF COMPANY OR BUSINESS NAME

New Business Name		Date of change in name
		/ /

CHANGE IN ADDRESS OF REGISTERED OFFICE

New address of registered office		Postcode

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South Australia Police

NOTIFICATION BY PROHIBITED WEAPONS DEALER / MANUFACTURER OF CHANGE IN NAME, ADDRESS OR OTHER DETAILS

CHANGE IN / ADDITIONAL ADDRESS AT WHICH BUSINESS IS CARRIED ON, RECORDS KEPT OR GOODS ARE BOUGHT / RECEIVED

Any address at which business is no longer carried on					Postcode	
New / additional address at which business is carried on					Postcode	
New Contact No.	Ph.		Mob.		Fax	
New Email Address						

CHANGE OF CONTACT PERSON FOR ENQUIRIES

New contact person for enquiries	Family Name		First Name		Middle Name(s)	
Address					Postcode	
New Contact No.	Ph.		Mob.		Fax	
New Email Address						

CEASING TO CARRY ON BUSINESS

Date on which business ceased to operate	

NOTIFICATION OF NEW DIRECTOR

Details of former director	Family Name		First Name		Middle Name(s)			
Occupation			Date of Birth	/ /	Gender			
Home Address					Postcode			
Contact Numbers	Hm.		Bus.		Mob.		Fax	
Email Address								
New Contact No.	Ph.		Mob.		Fax			
Details of new director	Family Name		First Name		Middle Name(s)			
Occupation			Date of Birth	/ /	Gender			
Home Address					Postcode			
Contact Numbers	Hm.		Bus.		Mob.		Fax	
Email Address								
New Contact No.	Ph.		Mob.		Fax			

DECLARATION

I hereby declare that all particulars given by me in this application are true and correct.

Signature of Applicant ..... Date / /

COMPLETE SCAN AND EMAIL TO: SAPOL.FirearmsBranch@police.sa.gov.au

OR POST TO: **FIREARMS BRANCH (130), GPO BOX 1539, ADELAIDE SA 5001**