

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 which business is carried on					POSTCODE	
New Contact No.	Ph		Mob.		Fax	

CHANGE IN ADDRESS FOR SERVICE

Old address for service of documents				Fax No.		POSTCODE
New address for service of documents				Fax No.		POSTCODE

CHANGE OF CONTACT PERSON FOR ENQUIRIES

New contact person for enquiries	Surname					
Name	First Name		Middle Name(s)			
Address					POSTCODE	
New Contact No.	Ph		Mob.		Fax	

CEASING TO CARRY ON BUSINESS

Date on which business ceased to operate	
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NOTIFICATION OF NEW DIRECTOR

Details of former director	Surname					
	First Name		Middle Name(s)			
Home Address	Date of Birth	Sex	Occupation			
	/ /					
					POSTCODE	
Home Contact No.	Ph		Mob.		Fax	
Details of new director	Surname					
	First Name		Middle Name(s)			
Home Address	Date of Birth	Sex	Occupation			
	/ /					
					POSTCODE	
Home Contact No.	Ph		Mob.		Fax	

DECLARATION

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

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Signature of Applicant Date

RETURN THIS FORM TO: ANY POLICE STATION
OR POST TO: COMMISSIONER OF POLICE, FIREARMS BRANCH (130), GPO BOX 1539, ADELAIDE SA 5001